

Information Management Manual

for Coordinating and Monitoring Health Emergency and Disaster Response

Volume 1

Manual of Guidelines and Procedures on Information Management
for Selected Functions of the Health Emergency Management Staff of the
Department of Health

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1 Introduction

1.1 Purpose of the Manual

This manual is designed to serve as a reference for the management of information related to health emergencies and disasters. It does not attempt to provide guidance in the management of response operations per se, rather, it provides an overview of the information management process as it relates to health emergency management, including response operations. The manual describes the fundamental activities and tools involved in the collection and sharing of information, with the end in view of being utilized to support decisions related to resource allocation for health emergencies and disasters, as well as those related to health service planning and policy formulation.

1.2 Scope

Health emergency management is a complex process that involves activities performed in pre-disaster, disaster and post-disaster scenarios. These include policy formulation and dissemination, health emergency planning, capability building, advocacy campaign, health emergency response coordination and monitoring, logistics pre-positioning and donations tracking. Being the national agency mandated to manage health emergency in the country, the Health Emergency Management Staff of the Department of Health (DOH-HEMS) is at the forefront of all of these activities.

This manual only covers the information management aspects related to the following major processes at the DOH-HEMS:

- a. Health Emergency Response Coordination and Monitoring
- b. Logistics Support Tracking
- c. Email Management

The aspects of policy formulation, health emergency planning, capability building and advocacy campaign are currently excluded from this manual, however, these processes may benefit from the improved quality and availability of information resulting from the use of the manual in the other processes covered.

Email management was added as a component to address the need to establish a system of retrieving and replying to correspondences sent electronically to DOH-HEMS that may or may not be directly related to health emergency response.

1.3 Objectives

This manual aims to:

1. Establish a common understanding of the processes involved in managing information needed for selected aspects of health emergency management
2. Increase efficiency in collecting, sharing and utilizing health emergency and disaster related information among key players in health emergency management
3. Improve the quality of information provided to decision makers involved in planning and implementing an effective and efficient response and proper allocation of resources

1.4 Intended Users

This manual was designed primarily for the use of the Operations Center staff of DOH-HEMS who monitor the occurrence of health emergencies in the country 24 hours a day, seven days a week, and who coordinate and monitor response activities to actual health emergencies and disasters.

Other prospective users include the following:

- a. Other DOH-HEMS personnel
- b. HEMS Coordinators in Centers for Health Development (CHD) and DOH-retained hospitals
- c. Other agencies that serve as providers or users of information related to health emergencies and disasters

1.5 Operational Definitions

Health Emergency Management – collection of activities undertaken in the pre-disaster, emergency/ disaster and post-disaster scenarios with the aim of minimizing the negative health impact of emergencies and disasters

Response Activity – any activity conducted in response to a certain health emergency or disaster, including but not limited to emergency response, evacuation, camp management, disease surveillance, relief goods distribution, medical mission and psychological services

Casualties – include deaths, injuries, illnesses, and missing persons resulting from an emergency or disaster

Data – facts, observations and experiences that serve as the foundation of information

Information – data that have been collected and processed in a meaningful form

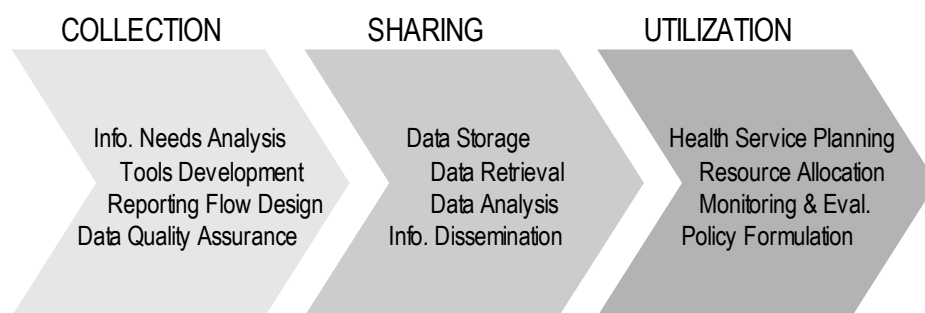
Information Management – collection, sharing and utilization of information for better decision making, service delivery and resource allocation

2 Framework for Information Management in Health Emergency and Disaster Response

2.1 Information System Functions

This manual uses the framework of information management that is based on the three major functions of health information systems, namely a) data collection, b) information sharing and c) information utilization (Figure 1).

Figure 1 – Information Management Processes



Information systems aim to provide quality information that can be utilized by persons involved in making decisions for planning, delivery of services, resource allocation, performance monitoring and evaluation, and policy formulation.

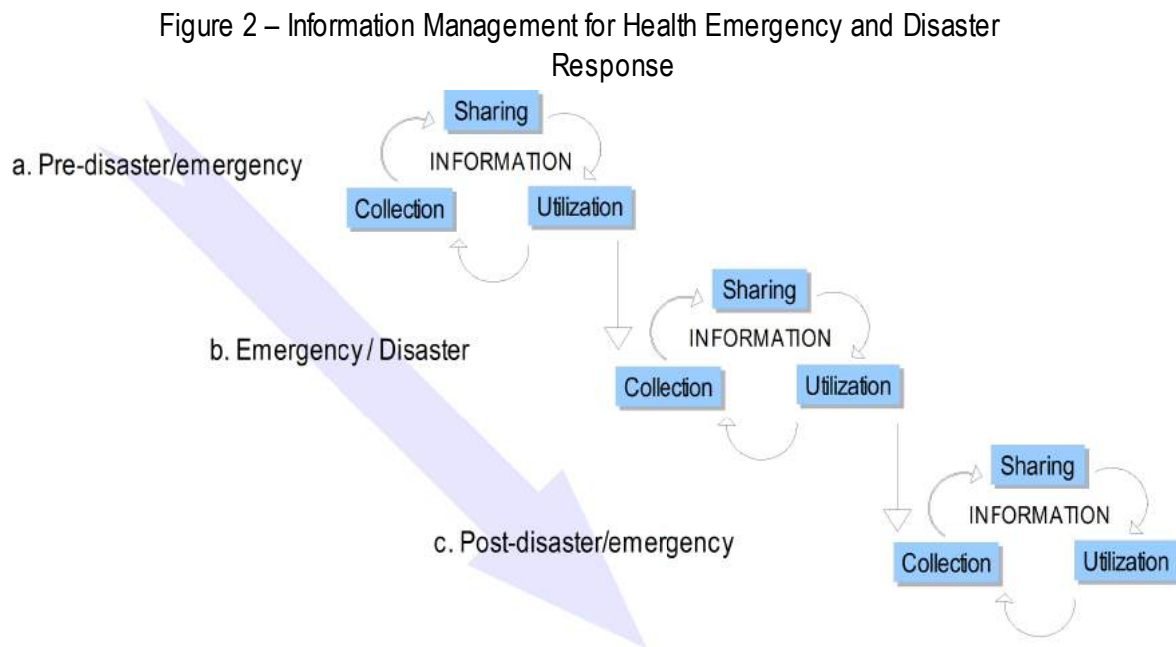
The guidelines and procedures contained in this manual pertain to the processes involved in making this information available. Specifically, these include:

- a. Data Collection
 - (1) Identification of the information needs of stakeholders
 - (2) Designing the tools for data collection
 - (3) Designing the flow of reporting
 - (4) Ascertaining the quality of data
- b. Information Sharing
 - (1) Establishing data storage and retrieval mechanisms
 - (2) Establishing data analysis procedures
 - (3) Disseminating information to stakeholders

2.2 Information System Functions vs Health Emergency Management Phases

Information management is an iterative process that occurs throughout the different phases of health emergency and disaster response (Figure 2). Data collection, information sharing and utilization are carried out repeatedly to support decisions and activities during pre-disaster, emergency/disaster and post-disaster phases of health emergency management.

The availability of accurate and timely information is very important in health emergency management, especially during the actual response to emergencies and disasters. This manual was prepared with this principle in mind.



3 DOH-HEMS Functions and Processes

The DOH-HEMS functions covered in this manual include the following:

- a. Health Emergency Response Coordination and Monitoring – The Operations Center (OPCEN) at DOH-HEMS monitors the occurrence of health emergencies and events with emergency potential through various communication media (transistor radio, televisions, two-way radio, telephone, newspapers) 24 hours a day, seven days a week. It is manned by the staff of the Response Division, which is headed by a Division Chief. Every day, an Emergency Officer on Duty (EOD) is assigned the responsibility of doing this monitoring, and in case of any occurrences, the EOD coordinates the response actions necessary. This coordination and monitoring continues until the response activities are terminated or the event is considered closed and a final report is prepared (Annex A).
- b. Logistics Support Tracking – The DOH-HEMS provides logistical support to health emergencies and disasters through the 17 Centers for Health Development (CHDs) all over the country. These logistics come in the form of equipment, drugs, medical supplies and other materials that come from regular and emergency purchases or donations from local and international organizations. These are either pre-positioned in the CHDs before disasters strike, or are provided in response to requests received by the EODs during their coordination and monitoring of actual events. One personnel from the Response Division is permanently assigned to maintain the inventory of materials at the warehouses and keep track of their distribution and utilization. A software called *Health Emergency Logistics Support Information System (HELSIS)* has been developed for this purpose. HELSIS, which was built on the open source MySQL database platform, is capable of tracking the movement of materials into and out of the DOH-HEMS warehouses and producing instant reports of stocks available and summary reports of logistics movement (Annex B).
- c. Email Management – The growing popularity of electronic mails has made it necessary for DOH-HEMS to establish a procedure for retrieving, circulating and replying to communications sent through the email. The DOH-HEMS has a common email address that has been disseminated to its network of agencies. The OPCEN EODs check and retrieve this common inbox as part of their daily responsibilities, and refer the mails for action by concerned sections or individuals.

4 Information Needs of Key Players in Health Emergency Management at the National Level

A system for responding to health emergencies and coordinating and monitoring such response activities has been existing at the DOH-HEMS even before the development of this manual. As part of this health emergency response system, collection of data from field operations and dissemination of information among the agencies involved in the response were already being carried out. In the development of this manual, these existing systems were analyzed. A revised information management system for DOH-HEMS that was built upon the existing system was then proposed and instituted.

The process of analysis applied to the existing systems followed the framework presented in Chapter 2. Foremost of these was the identification of the information needs of the key players (Table 1) in health emergency management, in order to ensure that the data would be collected by the system. The key players identified were those agencies or group of agencies that play major roles in the generation, collection, dissemination and utilization of information, from the perspective of the DOH-HEMS as the lead agency in health emergency management at the national level.

4.1 Key Players in Health Emergency Management

Table 1 – Key Players in Health Emergency Management and their Roles

Key Players	Roles
DOH-HEMS	As the lead agency in health emergency management in the country, the DOH-HEMS regularly monitors the occurrence of health emergencies and disasters, including events that may lead to health emergencies. In case of such occurrences, it serves as the central coordinating body that mobilizes resources needed for an effective and efficient health emergency response.
Other DOH Offices (OSEC, NEC, EHS, Hospital Poison Control)	The Office of the Secretary of Health is informed of all events monitored by the DOH-HEMS on a daily basis. In case of major health emergencies and disasters, the OSEC receives a flash report from the Operations Center at DOH-HEMS. Other offices within the DOH are also involved in response activities for certain

Key Players	Roles
	types of emergencies, such as the National Epidemiology Center for disease outbreaks and disasters affecting populations, the Environmental Health Service for events that have environmental impact such as those involving hazardous materials, and the Hospital Poison Control for cases of poisoning.
Other national government agencies (NDCC, OCD, PAG-ASA, PHIVOLCS, PGH-NPCC)	Other national government agencies that are part of the national network for emergency management have respective roles to play in line with their mandates. Examples of these are the National Disaster Coordinating Council (NDCC), Office of Civil Defense (OCD), etc.
CHDs (HEMS Coordinators, RESU)	As the DOH coordinating body in the region, CHDs organize the health sector in the region and provide a mechanism for coordination and collaboration. They maintain operations centers, document all health emergency events and report to DOH-HEMS all emergencies and disasters and any event with the potential of becoming an emergency.
DOH Hospitals (HEMS Coordinators)	Report all health emergencies to DOH-HEMS and document all incidents responded to; Organize and dispatch emergency response teams
LGUs	LGUs play an important role in the immediate response to emergencies through their LDCCs. But from the perspective of DOH-HEMS, LGUs play a role in providing primary data on local profile, details about the emergency/disaster, local capabilities and needs, and response activities, especially when such data are unavailable at the concerned CHD.
Non Government Organizations	Provider of assistance in the form of technical services and logistics; Include both international and local organizations

Key Players	Roles
Media	Helps in disseminating information about impending and ongoing health emergencies and disasters. Media companies also

4.2 Information Needs

Table 2 shows the information needs of the key players, grouped into 30 data points. These were identified through key informant interviews and review of records of past health emergencies and disasters filed at the DOH-HEMS. While this manual is intended for DOH-HEMS, particularly the Operation Center, the data points listed include those which are not needed by DOH-HEMS but by other agencies within its network.

Table 2 – Information Needs of the Key Players in Health Emergency Management

Data Points	Key Players*							
	A	B	C	D	E	F	G	H
A. Information on the Locality								
1. Population (total, by age, by sex, by geographic unit)						●	●	●
2. Baseline health status of the population per geographic unit (top ten mortality and morbidity causes, rates, infant mortality rate, percentage of fully-immunized children, endemic diseases)						●	●	●
3. Directories: Initial contact persons (RDCC, PDCC, MDCC, etc.); Relief organizations; Technical experts	●	●	●	●	●	●	●	●
4. Location of potential evacuation areas				●				
5. Location of stocks of food, medicine, health and water treatment and other sanitation supplies (government, NGOs, commercial)				●				
6. Health facilities per geographic unit (baseline number, type, distance from poblacion, location, services available if hospital, medicines available, means of communication, means of transportation, water, health manpower number and type)	●			●	●	●	●	●

*A - DOH-HEMS

B - Other DOH Offices (OSEC, NEC, EHS, Hospital Poison Control)

C - Other national government agencies (NDCC, PGH-NPCC)

D - CHDs (HEMS Coordinators, RESU)

E - DOH Hospitals (HEMS Coordinators)

F - LGUs

G - Non Government Organizations

H - Media

Data Points	Key Players							
	A	B	C	D	E	F	G	H
7. Medical services available per facility (immunization, nutrition, consultation, health education)	●			●	●			
8. Disaster profile of area (frequency and type of disasters experienced)	●		●	●				
B. Information on Disaster/Event								
9. Background of the Event/Incident (type of emergency/disaster, description, severity, how it started, date, time, location, affected area, affected population)	●	●	●	●	●	●	●	●
10. No. of affected (exposed, families, individuals); Areas affected (province, municipality, barangay, general population)	●	●	●	●	●			
11. Casualties per geographic unit (No. of Deaths, Ill/Injured-Admitted, Ill/Injured-Non-admitted, Missing)	●	●	●	●	●	●	●	●
12. Details of admitted cases (name, hospital, age, sex, address, diagnosis, treatment, status)	●			●	●			
13. Summary of patient movement (total hospital cases in last census, no. admitted, no. sent home, no. referred to other hosp., new admissions)	●			●	●			
14. Displaced population (number of individuals and families, place of origin, location of temporary shelter)	●	●	●	●	●	●	●	●
15. Evacuation centers (no. of centers, no. of families and individuals); Temporary Shelters (geographic unit, site of camp, no. families and individuals in evacuation centers, no. of families and individuals outside the centers)	●	●	●	●	●	●	●	●
16. Top 5 leading causes of diseases in evacuation shelters (disease, age group)	●	●		●	●			
17. Top 5 leading causes of diseases outside evacuation shelters (disease, age group)	●	●		●	●			
18. Results of outbreak investigation (no. of cases, age groups, laboratory findings, water quality testing, etc.); Discussion and Conclusion	●	●		●	●			
19. Methods of data collection for outbreak investigation	●			●	●			
20. Health-facility damage per geographic unit (no. & type functional facility after event, no. & type damaged after event, structures damaged, equipment damaged, services available after event, means of communication after event, means of transportation after event, water,	●			●	●	●	●	●

Data Points	Key Players							
	A	B	C	D	E	F	G	H
functional health manpower number and type after event)								
21. Lifelines available (% affected) in affected area (communication, elec., water, roads & bridges, transportation)	●	●	●	●	●			
22. WatSan facilities in community and in evacuation center (water source, toilet, garbage disposal); Environmental Sanitation per geographic unit (actions taken for and status of water safety, latrines, garbage disposal, drainage, vermin control)	●			●	●	●	●	●
23. Stock level of essential drugs and supplies per facility (indicate whether for cases, days, weeks, months)	●			●	●			
24. Comparison with WHO standards (daily mortality, health personnel requirements, immunization, antenatal services, water and sanitation, OPD consultation, etc)	●			●	●	●	●	●
25. Post-event needs (No. and type of manpower, No. and type of supplies/services, medicines, supplies, equipment)	●		●	●	●	●	●	●
26. Post-event response (responding facility, time of notification by OpCen, time of dispatch from base, time of arrival on the site, site); Actions (No. and type of manpower deployed, No. and type of supplies/services provided)	●			●	●			
27. Rehabilitation efforts (stage and progress)	●			●	●	●	●	●
28. Actions taken and cost of assistance (DOH-Central Office, CHDs, LGUs, PHOs, CHOs/MHOs)	●			●	●			
29. Problems Encountered	●			●	●			
30. Recommendations	●			●	●			

5 Information Sources and Information Management Tools

This chapter presents the sources of the data that have been identified in Chapter 4, and the tools designed for managing the information.

An initial list of the data sources was initially prepared based on a review of existing records, then the list was validated through key informant interviews. The most efficient flow of data from the sources to the end users was then considered, and the necessary tools were produced.

5.1 Sources of Information

For many of the data points, multiple sources of data were identified. These sources include the following agencies:

DOH-CHD	Department of Health – Center for Health Development
PHO	Provincial Health Office
CHO	City Health Office
MHO	Municipal Health Office
RHU	Rural Health Unit
OCD	Office of Civil Defense
LGU	Local Government Unit
DSWD	Department of Social Welfare and Development
RDCC	Regional Disaster Coordinating Council
PDCC	Provincial Disaster Coordinating Council
CDCC	City Disaster Coordinating Council
MDCC	Municipal Disaster Coordinating Council
RESU	Regional Epidemiology and Surveillance Unit
PESU	Provincial Epidemiology and Surveillance Unit

As the national coordinating agency, DOH-HEMS mainly relies on the HEMS Coordinators at the CHDs and DOH Hospitals for the data that it needs. Rarely does the DOH-HEMS ask for data directly from the local offices. The purpose of providing this list in this manual is to guide the HEMS Coordinators as to the reliable sources of the data in the field. Where the data points could be obtained from multiple sources, a main source was identified, which is to be the first stop of the HEMS Coordinator who is doing the data collection, before the other sources may be explored (Table 3).

Table 3 – Sources of Data Needed by Key Players in Health Emergency Management

Data Points	Main Source	Other Sources
A. Information on Locality		
1. Population (total, by age, by sex, by geographic unit)	DOH-CHD	PHO/MHO, RHU
2. Baseline health status of the population per geographic unit (top ten mortality and morbidity causes, rates, infant mortality rate, percentage of fully-immunized children, endemic diseases)	DOH-CHD	
3. Directories: Initial contact persons (RDCC, PDCC, MDCC, etc.); Relief organizations; Technical experts	DOH-CHD	OCD
4. Location of potential evacuation areas	LGU	
5. Location of stocks of food, medicine, health and water treatment and other sanitation supplies (government, NGOs, commercial)	DOH-CHD	DSWD, LGU
6. Health facilities per geographic unit (baseline number, type, distance from poblacion, location, services available if hospital, medicines available, means of communication, means of transportation, water, health manpower number and type)	DOH-CHD	LGU
7. Medical services available per facility (immunization, nutrition, consultation, health education)	DOH-CHD	LGU
8. Disaster profile of area (frequency and type of disasters experienced)	RDCC	PDCC
B. Information on Disaster/Event		
9. Background of the Event/Incident (type of emergency/disaster, description, severity, how it started, date, time, location, affected area, affected population)	PDCC/CDCC	Hospital
10. No. of affected (exposed, families, individuals); Areas affected (province, municipality, barangay, general population)	RESU	PESU
11. Casualties per geographic unit (No. of Deaths, Ill/Injured-Admitted, Ill/Injured-Non-admitted, Missing)	MHO	LGU
12. Details of admitted cases (name, hospital, age, sex, address, diagnosis, treatment, status)	Hospital HEMS Coordinator	PHT
13. Summary of patient movement (total hospital cases in last census, no. admitted, no. sent home, no. referred to other hosp., new admissions)	Hospital HEMS Coordinator	PHT

Data Points	Main Source	Other Sources
14. Displaced population (number of individuals and families, place of origin, location of temporary shelter)	RDCC	PDCC/CDCC, OCD, DSWD
15. Evacuation centers (no. of centers, no. of families and individuals); Temporary Shelters (geographic unit, site of camp, no. families and individuals in evacuation centers, no. of families and individuals outside the centers)	RDCC	PDCC/CDCC, OCD, DSWD
16. Top 5 leading causes of consultations in evacuation shelters (disease, age group)	Evacuation camp health station	CHO/MHO
17. Top 5 leading causes of consultations outside evacuation shelters (disease, age group)	CHO/MHO	
18. Results of outbreak investigation (no. of cases, age groups, laboratory findings, water quality testing, etc.); Discussion and Conclusion	RESU	PESU
19. Methods of data collection for outbreak investigation	RESU	PESU
20. Health-facility damage per geographic unit (no. & type functional facility after event, no. & type damaged after event, structures damaged, equipment damaged, services available after event, means of communication after event, means of transportation after event, water, functional health manpower number and type after event)	DOH-CHD	LGU
21. Lifelines available (% affected) in affected area (communication, elec., water, roads & bridges, transportation)	OCD	
22. WatSan facilities in community and in evacuation center (water source, toilet, garbage disposal); Environmental Sanitation per geographic unit (actions taken for and status of water safety, latrines, garbage disposal, drainage, vermin control)	PHO/CHO/MHO	
23. Stock level of essential drugs and supplies per facility (indicate whether for cases, days, weeks, months)	Health facility involved	
24. Comparison with WHO standards (daily mortality, health personnel requirements, immunization, antenatal services, water and sanitation, OPD consultation, etc)	DOH-CHD	PHT
25. Post-event needs (No. and type of manpower, No. and type of supplies/services, medicines, supplies, equipment)	LGU	
26. Post-event response (responding facility, time of notification by OpCen, time of dispatch from base, time	DOH-HEMS OpCen	

Data Points	Main Source	Other Sources
of arrival on the site, site); Actions (No. and type of manpower deployed, No. and type of supplies/services provided)		
27. Rehabilitation efforts (stage and progress)	LGU	
28. Actions taken and cost of assistance (DOH-Central Office, CHDs, LGUs, PHOs, CHOs/MHOs)	DOH-CHD	LGU
29. Problems Encountered	HEMS Coordinator	
30. Recommendations	HEMS Coordinator	

5.2 Information Management Tools

This section presents the tools that shall be used by the DOH-HEMS and the HEMS Coordinators for the different stages of the information management cycle. The tools are generally categorized into forms and templates. 'Forms' refer to the tools to be used by HEMS Coordinators for reporting data and information to DOH-HEMS, while 'Templates' refer to the tools to be used by DOH-HEMS personnel for collecting, collating, reporting and disseminating data and information. There are 20 tools in all, consisting of 10 forms and 10 templates.

A summary of the tools is presented in Table 4, while prototypes (not in actual sizes) are provided in the annexes. The information management processes listed on Table 4 refer to the purpose of the tools from the perspective of DOH-HEMS. It is important to note that for other users, the same tool could be used for a different purpose. For example, the HEARS Field Report (Form 1) is a data collection tool for DOH-HEMS but is a reporting tool for the HEMS Coordinators.

Table 4 – Information Management Tools

Form/ Template	Title	Info. Mgt. Processes	Timing/ Frequency	Person Responsible
Form 1	HEARS Field Report	Data Collection	Once for every major health emergency/disaster, to be submitted to DOH-HEMS within 6 hrs upon occurrence/ awareness of the event by the HEMS Coordinator	HEMS Coordinator
Form 2	Materials Utilization Report	Data Collection	Every last working day of the month (Except when there are no more	HEMS Coordinator

Form/ Template	Title	Info. Mgt. Processes	Timing/ Frequency	Person Responsible
			unused materials as of the last report), to be submitted to DOH-HEMS	
Form 3-A	Rapid Health Assessment	Data Collection	Once for every major health emergency/disaster, to be submitted to DOH-HEMS within 24 hrs upon occurrence/awareness of the event by the HEMS Coordinator	HEMS Coordinator
Form 3-B	Rapid Health Assessment (MCI)	Data Collection	Once for every major health emergency/disaster, to be submitted to DOH-HEMS within 24 hrs upon occurrence/awareness of the event by the HEMS Coordinator	HEMS Coordinator
Form 3-C	Rapid Health Assessment (Outbreak)	Data Collection	Once for every major health emergency/disaster, to be submitted to DOH-HEMS within 24 hrs upon occurrence/awareness of the event by the HEMS Coordinator	HEMS Coordinator
Form 4-A	Health Situation Update No. ____	Data Collection	Twice a week for the first 2 weeks upon occurrence of the event, Once a week thereafter until response activities are terminated, to be submitted to DOH-HEMS	HEMS Coordinator
Form 4-B	Health Situation Update No. ____ (MCI)	Data Collection	Twice a week for the first two weeks upon occurrence of the	HEMS Coordinator

Form/ Template	Title	Info. Mgt. Processes	Timing/ Frequency	Person Responsible
			event, Once a week thereafter until response activities are terminated, to be submitted to DOH-HEMS	
Form 4-C	Health Situation Update No. ____ (Outbreak)	Data Collection	Twice a week for the first two weeks upon occurrence of the event, Once a week thereafter until response activities are terminated, to be submitted to DOH-HEMS	HEMS Coordinator
Form 5	List of Casualties	Data Collection	Daily for the first two weeks upon occurrence of event, As often as necessary to supplement Form 4 thereafter.	HEMS Coordinator
Form 6	HEMS Coordinator's Final Report	Data Collection	Once for every major health emergency/disaster, to be submitted to DOH-HEMS Director within one week upon termination of response activities or closure of the event.	HEMS Coordinator
Template A	Daily Monitoring and Endorsement Log Sheet	Data Collection, Collation	Daily	EOD
Template B	Major Event Monitoring Sheet	Data Collection, Collation	To be initiated upon awareness of a health emergency or disaster by the EOD, to be completed upon receipt of the Final and postmortem report from the HEMS Coordinator	EOD

Form/ Template	Title	Info. Mgt. Processes	Timing/ Frequency	Person Responsible
Template C	HEARS Plus Report	Reporting, Dissemination	Once a day, to be submitted to the Office of the Health Secretary at 8:00 am.	EOD
Template D	Flash Report	Reporting, Dissemination	Once for every major health emergency/disaster, to be submitted to the Office of the Health Secretary within 2 hrs upon occurrence/awareness of the event by the HEMS Coordinator	EOD
Template E	Briefer	Reporting, Dissemination	As often as necessary to provide information to network partners.	Designated HEMS- OPCEN personnel
Template F	Final Report	Reporting	Once for every major health emergency/disaster, to be submitted to DOH-HEMS Director two weeks upon termination of response activities or closure of the event.	Designated HEMS- OPCEN personnel
Template G	Central Warehouse Inventory Report	Reporting	Once a month	Logistics Officer
Template H	List of Expiring Central Warehouse Items	Reporting	Once a month	Logistics Officer
Template I	Status Monitoring Board for Active Cases	Collation, Reporting	Daily updating	EOD
Template J	Summary of Events Monitored at OpCen	Collation, Reporting	Monthly updating	EOD

6 Data Collection Flow and Reporting Mechanisms

This chapter provides guidelines and procedures pertaining to the flow of data collection and reporting from the field operations to the DOH-HEMS and to the other users of information outside the DOH-HEMS.

6.1 Flow of Information

The flow of incoming data from the field operations to the DOH-HEMS, and the outgoing information from DOH-HEMS to external users and back to the field operating units is illustrated in Figure 3, while the timing of the utilization of the information management tools is plotted on a timeline as shown in Figure 4.

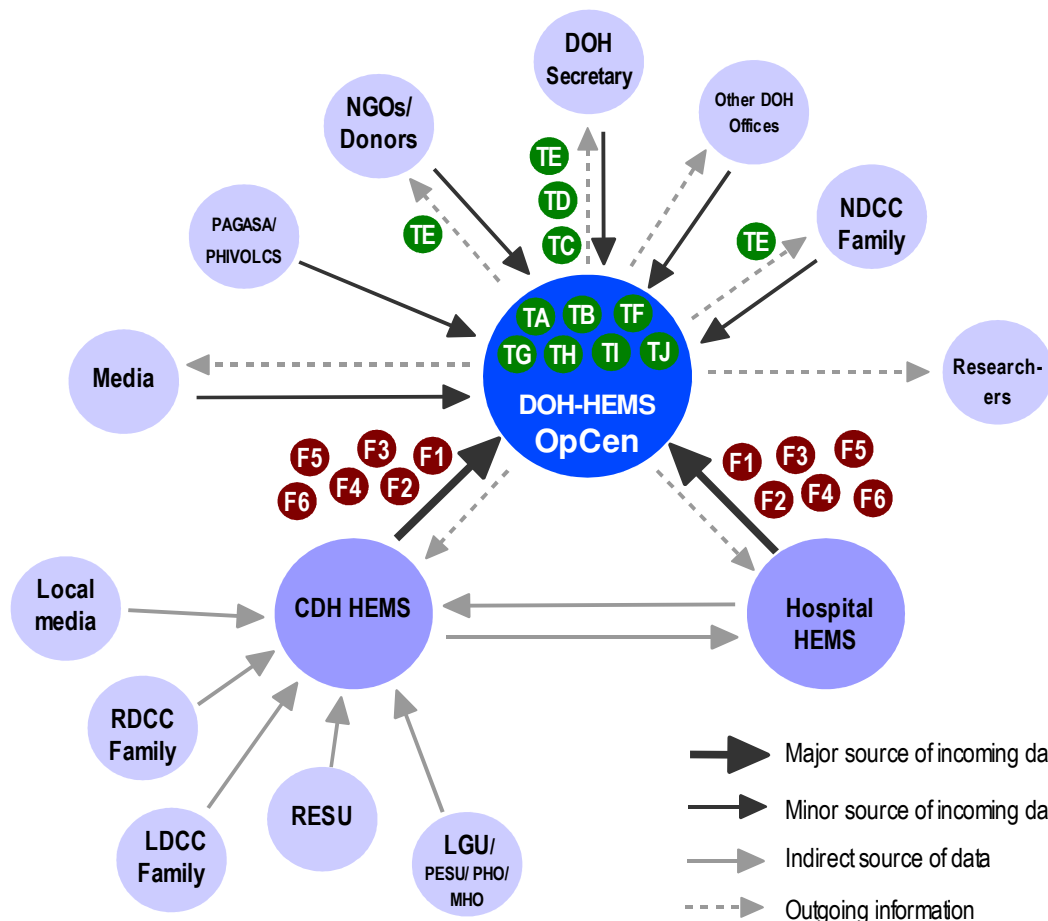
As the central coordinating body in health emergency response operations, the DOH-HEMS, particularly the Operations Center, is at the center of the communication network. Its major sources of data are the HEMS Coordinators in the CHDs and the DOH Hospitals. These coordinators are responsible for submitting reports to the DOH-HEMS for health emergencies and disasters occurring within their jurisdictions. They, in turn, shall collect the needed data from regional or local partners in their areas, as well as from each other. The specific mechanisms for collecting such data in their areas of jurisdiction, as well as the tools that they may need are left to the HEMS Coordinators to develop as they see fit.

Other sources of information for the DOH-HEMS include the Media for news breaks about any occurrences of emergencies that may have health implications, the PHIVOLCS for updates on volcanic activities and PAGASA for typhoon alerts. Information from these sources may trigger initiation of warning or response activities from the DOH-HEMS. From time to time, the DOH-HEMS also receives data from other agencies involved in disaster management such as the National Disaster Coordinating Council (NDCC) and its family of agencies, other DOH central offices such as the National Epidemiology Center (NEC), Environmental Health Service (EHS), National Poison Control Center (NPCC), and also from the Philippine General Hospital (PGH).

The transfer of data from the sources in the field to the DOH-HEMS is facilitated by the data collection and reporting tools presented in Chapter 5. Where these forms and templates are used are marked on Figure 3.

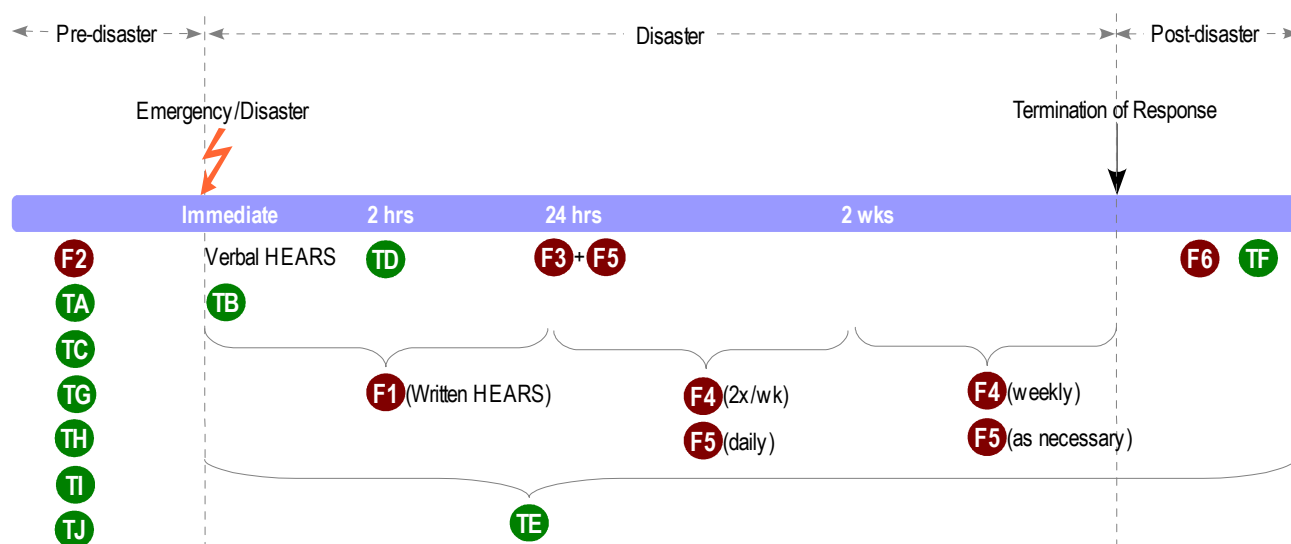
The figure also shows the significant role played by the HEMS Coordinator in the CHD in making available the data needed by DOH-HEMS Operations Center. As shown in Figure 3, several agencies at the regional and local levels serve as direct sources of data for the HEMS Coordinator, and therefore are considered indirect sources of data at the national level.

Figure 3 – Flow of Incoming and Outgoing Information: DOH-HEMS Perspective



No.	Information Management Tools	Info. Mgt. Process	Responsible Agency	Responsible Person
F1	Form 1 - HEARS Field Report	Data Collection	CHD, DOH Hospital	HEMS Coordinator
F2	Form 2 - Materials Utilization Report	Data Collection	CHD	HEMS Coordinator
F3	Form 3 - Rapid Health Assessment	Data Collection	CHD, DOH Hospital	HEMS Coordinator
F4	Form 4 - Health Situation Update	Data Collection	CHD	HEMS Coordinator
F5	Form 5 - List of Casualties	Data Collection	CHD, DOH Hospital	HEMS Coordinator
F6	Form 6 - HEMS Coordinator's Final Report	Data Collection	CHD, DOH Hospital	HEMS Coordinator
TA	Template A - Daily Monitoring and Endorsement Log Sheet	Data Collection, Collation	DOH-HEMS	Emergency Officer on Duty
TB	Template B - Major Event Monitoring Sheet	Data Collection, Collation	DOH-HEMS	Emergency Officer on Duty
TC	Template C - HEARS Plus Report	Reporting, Dissemination	DOH-HEMS	Emergency Officer on Duty
TD	Template D - Flash Report	Reporting, Dissemination	DOH-HEMS	Emergency Officer on Duty
TE	Template E - Briefer	Reporting, Dissemination	DOH-HEMS	Designated Personnel
TF	Template F - Final Report	Reporting	DOH-HEMS	Designated Personnel
TG	Template G - Central Warehouse Inventory Report	Reporting	DOH-HEMS	Logistics Officer
TH	Template H - List of Expiring Central Warehouse Items	Reporting	DOH-HEMS	Logistics Officer
TI	Template I - Status Monitoring Board for Active Cases	Collation, Reporting	DOH-HEMS	Emergency Officer on Duty
TJ	Template J - Summary of Events Monitored at OpCen	Collation, Reporting	DOH-HEMS	Designated Personnel

Figure 5 – Timeline for the Utilization of the Information Management Tools



A. Routine Forms and Templates (To be accomplished with or without health emergencies or disasters)

No.	Information Management Tools	Timing/Frequency	Responsible Agency	Responsible Person
F2	Form 2 – Materials Utilization Report	Monthly until mats are consumed	CHD	HEMS Coordinator
TA	Template A – Daily Monitoring and Endorsement Log Sheet	Daily	DOH-HEMS	EOD
TC	Template C – HEARS Plus Report	Daily	DOH-HEMS	EOD
TG	Template G – Central Warehouse Inventory Report	Monthly	DOH-HEMS	Logistics Officer
TH	Template H – List of Expiring Items at Central Whse	Monthly	DOH-HEMS	Logistics Officer
TI	Template I – Status Monit. Board for Active Cases	Daily updating	DOH-HEMS	EOD
TJ	Template J – Summary of Events Monitored	Monthly updating	DOH-HEMS	Designated Personl

B. Non-Routine Forms and Templates (To be accomplished for every major health emergency or disaster)

No.	Information Management Tools	Timing/Frequency	Responsible Agency	Responsible Person
F1	Form 1 – HEARS Field Report	W/in 24 hrs of occur. of event	CHD / Hospital	HEMS Coordinator
F3	Form 3 – Rapid Health Assessment	W/in 24 hrs of occur. of event	CHD / Hospital	HEMS Coordinator
F4	Form 4 – Health Situation Update	2x/wk for 1 st 2 wks, Weekly thereafter	CHD	HEMS Coordinator
F5	Form 5 – List of Casualties	Daily for 1 st 2 wks, As necessary thereafter	CHD / Hospital	HEMS Coordinator
F6	Form 6 – HEMS Coordinator's Final Report	W/in 1 wk after termin. of response	CHD / Hospital	HEMS Coordinator
TB	Template B – Major Event Monitoring Sheet	To be initiated upon occur. of event	DOH-HEMS	EOD
TD	Template D – Flash Report	W/in 2 hrs of occur. of event	DOH-HEMS	EOD
TE	Template E – Briefer	As necess. after occur. of event	DOH-HEMS	Designated Personl
TF	Template F – Final Report	W/in 2wks after termin. of response	DOH-HEMS	Designated Personl

Data coming from the field are processed and stored at the DOH-HEMS with the aid of the tools developed for data collation. The DOH-HEMS itself serves as the major user of these data when it makes decisions related to resource mobilization for ongoing field response operations. The DOH-HEMS then provides information to its network partners that include government, non-government organizations, and the media, who may have other uses for the information. The information stored at the DOH-HEMS regarding health emergency response experiences could also be made available to researchers who are interested in such materials.

Consistent with this general design of information flow, the following guidelines and procedures for data collection and reporting are provided:

6.2 Information Management Guidelines and Procedures for Health Emergency and Disaster Response Coordination and Monitoring

This section provides the guidelines and procedures for managing information related to health emergency and disaster response coordination and monitoring. Activities related to these processes are centered on the Emergency Officer on Duty (EOD) assigned at the DOH-HEMS Operations Center.

The tasks of the EOD consist of routine activities performed daily and non-routine activities that are carried out as the need arises, such as when health emergencies and disasters occur (Table 5). Routine tasks include activities that EODs perform with or without the occurrence of emergencies or requests for assistance, while non-routine tasks include those activities that EODs perform in relation to an emergency or request for assistance.

Table 5 – Routine and Non-Routine Tasks of the EOD

Routine Tasks	Non-Routine Tasks
Checking of 2-way radios	Responding to requests for assistance
Documenting utilization of OpCen's communication resources (land phones, mobile phones, fax machines)	Coordinating and monitoring health emergency response activities
Monitoring occurrence of events through mass media (radio, television, newspaper) and communication network (2-way radio, land phones, mobile phones)	Follow-up of reports and updates from the field regarding active health emergencies/disasters
Checking of incoming email correspondences	Preparation of reports of major emergencies and disasters monitored (flash report, briefer, final report)
Preparing the HEARS Plus Report	Updating of OpCen Information Boards

Performing these routine and non-routine tasks almost always involve handling of information from data collection and quality assurance to storage, retrieval, analysis and dissemination. This section of the manual provides guidelines and procedures pertaining to the information management aspect of the EODs' tasks. The logical order of performance of the tasks is enumerated below and for each task, the guidelines and procedures on the information management aspect that the EOD shall observe are described in detail.

- (1) The tour of duty of an incoming EOD starts with the receipt of endorsement from the outgoing EOD. The outgoing EOD shall brief the incoming EOD on the activities of the previous day using the Daily Monitoring and Endorsement Log Sheet (Template A, Annex L) that he/she prepared. The incoming EOD shall acknowledge the endorsements written on Section I by affixing his/her signature on Section K.
- (2) The EOD initiates a new Template A to document the events in his own tour of duty. The EOD shall document his/her daily routine activities using the appropriate sections of Template A:
 - a. Checking of 2-way Radios – The purpose of this routine task is to verify the functionality of the radio equipment installed in all the monitoring stations in CHDs and DOH hospitals in Metro Manila and nearby areas in Luzon. The guidelines and procedures in this manual emphasize the information management aspect of radio checking, however, the EOD is expected to observe appropriate radio etiquette in the performance of this task. The EOD shall use Section A of Template A to document the results of radio-checking. He/she shall be guided by the following descriptions of the data fields in Section A:

<i>Data Fields (Template A Sec. A)</i>	<i>Descriptions</i>
Time Started	The exact time in hour and minute that the EOD started announcing the radio check to all the monitoring stations.
No. of Bases Checked	The total number of radio bases or monitoring stations called upon to respond to the radio check.
No. Who Responded	The actual number of stations who responded back through the radio, including those where reception was poor or other problems were encountered.
Call Sign	To be filled out only when problems were encountered with the radio bases checked, this field refers to the official call sign of the radio base as written on the OPCEN information board.
Nature of Problem	To be filled out only when problems were encountered with the radio bases checked, the EOD shall indicate the nature of the problem, i.e. whether no response was received, reception was poor, or any other specific problems that were encountered.
Actions Taken	To be filled out only when problems were encountered with the radio bases checked, the EOD shall indicate actions taken to address the problems encountered.

- b. Documenting Utilization of OpCen's Communication Resources – The EOD shall keep track of the number of times that the communication equipment such as the fax machines, mobile phones and land phones were used during his/her tour of duty. For this purpose he/she shall use Section B of Template A. Section B actually contains 12 data fields, but because of their similarities, they could be summarized and described as follows:

<i>Data Fields (Template A Sec. B)</i>	<i>Descriptions</i>
No. Incoming	Depending on the particular equipment being referred to in Section B of Template A, this field may refer to the number of incoming local calls, incoming local fax transmissions, incoming long distance calls, incoming long distance fax transmissions, incoming text messages and incoming calls through the mobile phones.
No. Outgoing	Depending on the particular equipment being referred to in Section B of Template A, this field may refer to the number of outgoing local calls, outgoing local fax transmissions, outgoing long distance calls, outgoing long distance fax transmissions, outgoing text messages and outgoing calls through the mobile phones.

- c. Monitoring Occurrence of Events – The most important daily routine activity of the EOD is the monitoring of the occurrence of health emergencies and disasters or any event that may lead to such all over the country. This is done with the use of mass media equipment such as the transistor radio, television and newspaper and through the DOH-HEMS' communication network enabled by the 2-way radios, land phones and mobile phones. Section C of Template A is provided for this purpose. If no event occurred during the EOD's tour of duty, he/she shall write “NONE” on the first slot provided for the field “Name/Title of Event” and leave the other fields blank. If an event occurs, then the EOD initiates a series of non-routine activities, the guidelines and procedures for which are provided in Section (3)b of this Chapter.
- d. Checking of Incoming Email Correspondences – The EOD shall check the inbox of the common email account of the DOH-HEMS at least once before the end of his/her duty. Official incoming mails shall be printed, sorted and endorsed to the appropriate section within DOH-HEMS. Generally, the sorting shall be done into three groups based on the particular office that needs to take action on the email, namely: (1) the Director's Office, (2) Preparedness Division, and (3) Response Division. The emails shall be endorsed by the EOD to the designated persons from these offices, who shall be asked to acknowledge receipt of the emails by affixing their initials on Section E of Template A. In case of other emails that do not belong to these three offices, the EOD shall document them properly using the available spaces on Section E. The data fields under Section E and the guide in filling them up are as follows:

<i>Data Fields (Template A Sec. E)</i>	<i>Descriptions</i>
Time Started	The exact hour and minute that the EOD started checking the email.

No. of New Emails	The number of official emails in the inbox that were received during the EOD's period of duty.
Total No. Endorsed	The number of official emails printed and endorsed to the concerned units.
Endorsed To	The unit where the emails were endorsed. Generally, the following entries are expected: (1) Office of the Director, (2) Preparedness Division and (3) Response Division. Other units or individuals where emails were also endorsed shall be specified. The EOD shall ask each personnel whom the emails were endorsed to to affix his initials in this data field as a sign of acknowledgement.
No. Endorsed	The number of official emails that were endorsed to the respective units.

- e. Preparing the HEARS Plus Report – The Health Emergency Alert Reporting System is a well-established system of reporting occurrences of health emergencies or any events that could lead to health emergencies. It is a two-tiered system, the first level being the system of reporting from the HEMS Coordinator to the DOH-HEMS, while the second level refers to the system of reporting from the DOH-HEMS to the DOH Secretary. The first level is a non-routine activity and is triggered only by actual emergencies or events with emergency potential occurring in the field. The guidelines and procedures for this are presented later in this chapter. The second level is a routine activity happening at the OpCen on a daily basis, with or without health emergencies. The HEARS report has evolved to include information on: a) updates on previously reported events, and b) other reportable events, hence the name “HEARS Plus Report”. The EOD shall prepare the daily HEARS Plus Report and submit it to the Office of the Secretary of Health by 8:00 am. The report comes in the form of a memorandum coming from the HEMS Director and the EOD who has prepared it, and addressed to the Secretary of Health through the Undersecretary of Health heading the Health Program Development Cluster.

Template C (Annex N) is provided for the purpose of preparing the HEARS Plus Report. The HEARS Plus Report shall consist of two parts: (1) an account of new health emergencies that have occurred during the last 24 hours, and (2) updates regarding previously reported events. The update for each old event shall be summarized from written or verbal reports of the concerned HEMS Coordinator. The HEMS Coordinator's report shall not be attached to the HEARS Plus Report and shall only be submitted to the Office of the Secretary upon request. The EOD shall ensure that all previous events that have not been 'closed' are provided with updates. An event is considered closed when response activities have been terminated, which could take from hours to months upon occurrence of the emergency. When an event is closed, it shall be reported as part of the update, and shall signal the deletion of this event from the next day's HEARS Plus Report.

Request for copies of the HEARS Plus Report, whether regular or one-time shall be referred to the HEMS Director for approval. If approved, the EOD shall be responsible for providing the copy to the requesting party.

Upon submitting the HEARS Plus Report, the EOD shall document the time it was sent as well

as the recipients using Section G of Template A under “Other Activities.”

- (3) Aside from the five routine tasks described above, the EOD also performs non-routine activities, which are initiated either through the receipt of a request for assistance from any office or individual, or because of the occurrence of an event that has led to or has the potential to lead to a major health emergency or disaster. The non-routine tasks of the EOD and the corresponding guidelines and procedures in managing the associated information are as follows:

- a. Responding to Requests for Assistance – Any request for assistance received by the Operation Center shall be documented by the EOD using Section F of Template A. The data fields and their description are as follows:

<i>Data Fields (Template A Sec. F)</i>	<i>Descriptions</i>
Received Thru	The manner by which the request was received, which could be through the 2-way radio, land line, cell phone, fax, walk-in, or others that the EOD shall specify.
Time	Exact hour and minute that the request was received.
Name of Requesting Party	Full name of the person who made the request. If the request was made on behalf of another person (e.g. a secretary relaying a request for the supervisor), both names shall be written on this field.
Office	The complete name of the office where the requesting party is connected.
Contact Nos.	As many contact numbers as the EOD can get from the requesting party.
Assistance Requested	A brief but clear and specific description of the kind of assistance being requested.
Actions Taken	A brief account of the major actions taken by the EOD and any significant results that shall be reported.

- b. Coordinating and Monitoring Health Emergency Response Activities – Upon becoming aware of a new event, the EOD shall verify the occurrence of the event through the HEMS Coordinator with jurisdiction over the location of the event, or through other government agencies within the emergency management network. He/she shall also gather initial data about the event and document them using Section C of Template A, which contains the following data fields and corresponding descriptions:

<i>Data Fields (Template A Sec. C)</i>	<i>Descriptions</i>
Name/Title of Event	A descriptive title for the event that answers the following questions: (1) WHAT was the event? (2) WHERE did it occur? (E.g. Hostage Taking of a Bus in Manila City, Typhoon Reming in Bicol)
Mode of Discovery	The manner by which the EOD became aware of the event,

	which could be through the transistor radio, 2-way radio, television, telephone or other means that the EOD shall specify.
Time of Discovery	The exact hour and minute when the EOD became aware of the event.
Type of Emergency/Disaster	The specific type of emergency/disaster which could be any of the following: Volcanic eruption, Earthquake, Tsunami, Landslide, Lahar, Typhoon, Storm Surge, Drought, Cold Spell, Flashflood, Red Tide, Fish Kills, Locust, Infestation, Epidemic, Fire, Explosion, Armed conflict, Terrorism, Poisoning, Mass action, Accident, or others.
Date Occurred	The month, day and year that the event actually occurred or started.
Time Occurred	The time in hour and minute that the event occurred or started. As much as possible, the actual time shall be obtained from the informant. Otherwise, an estimate could be indicated.
Location	Exact location where the event occurred. As much as possible, the exact address shall be obtained from the informant.
Classification	The classification of the event as to the following: <ul style="list-style-type: none"> (1) Minor health emergency – less than or equal to 50 casualties, local capacity adequate for needed response (2) Major health emergency – more than 50 casualties, local capacity inadequate for needed response (3) Disaster – national and international assistance necessary for affected population to recover.
Actions Taken	Short list of the actions taken by the EOD, including the initiation of Template B, if the event falls under the classification of major health emergency or disaster.

If the event falls under the classification of major health emergency or disaster, the EOD shall immediately prepare a Flash Report which shall be submitted to the Office of the Health Secretary within two hours. The guidelines and procedures for preparing the Flash Report are provided in Section (3)d of this Chapter. The EOD shall also initiate the preparation of Template B, and obtain as much of the information in Section A of Template B as possible from the HEMS Coordinator by telephone or through the HEARS Field Report (Form 1) which the latter shall be asked to furnish within 24 hours of occurrence of the event. The data fields in Section A of Template B and their corresponding descriptions are as follows:

<i>Data Fields (Template B Sec. A)</i>	<i>Descriptions</i>
Event Title	A descriptive title for the event that answers the following

	<p>questions: (1) WHAT was the event? (2) WHERE did it occur? (E.g. Hostage Taking of a Bus in Manila City, Typhoon Reming in Bicol). <i>(This field actually appears not under Section A but on the upper portion of Template B.)</i></p>
Date of Initial Report	Month, day and year that the EOD becomes aware of the major emergency or disaster. This should normally be the same date that the EOD is initiating the preparation of Template B.
EOD	The Emergency Officer on Duty who has discovered the event and is initiating the preparation of Template B.
Type of Event	The specific type of emergency/disaster which could be any of the following: Volcanic eruption, Earthquake, Tsunami, Landslide, Lahar, Typhoon, Storm Surge, Drought, Cold Spell, Flashflood, Red Tide, Fish Kills, Locust, Infestation, Epidemic, Fire, Explosion, Armed conflict, Terrorism, Poisoning, Mass action, Accident, or others.
Date of Occurrence	The month, day and year that the event actually occurred or started.
Time of Occurrence	The time in hour and minute that the event occurred or started. As much as possible, the actual time shall be obtained from the informant. Otherwise, an estimate could be indicated.
Exact Location	Exact location where the event occurred. As much as possible, the exact address shall be obtained from the informant and written on the field "Exact Location". The Region, Province and City/Municipality shall be filled-out by the EOD.
Brief Description	A brief but clear and specific description of the major health emergency or disaster. A brief account of how the event happened shall be included in the description.
No. of Deaths	The number of deaths reported to have resulted from the event as of the "Date of Initial Report" above.
No. of Admitted Patients	The number of ill or injured patients who are known to be hospitalized as a result of the event as of the "Date of Initial Report" above.
No. of Outpatients	The number of ill or injured patients as a result of the event and who are being managed on an outpatient basis as of the "Date of Initial Report" above.
No. Missing	The number of missing individuals as a result of the event as of the "Date of Initial Report" above.
Population Displaced?	Yes or No to indicate whether or not the event resulted in displacement of the affected population.

No. of Displaced Families	The number of families displaced by the event. The EOD shall indicate whether the figure reported is actual or an estimate.
No. of Displaced Individuals	The number of individuals displaced by the event. The EOD shall indicate whether the figure reported is actual or an estimate.
Number of Public Hospitals Present	The number of government hospitals existing in the area before the event occurred. For the purpose of defining the geographic area where the public hospitals are to be counted, the place of event reflected in the field “Event Title” on the upper portion of Template B shall be used as the reference.
Number of Public Hospitals Functional	The number of government hospitals that remain functional after the occurrence of the event. For the purpose of defining the geographic area where the public hospitals are to be counted, the place of event reflected in the field “Event Title” on the upper portion of Template B shall be used as the reference.
Number of RHUs Present	The number of rural health units existing in the area before the event occurred. For the purpose of defining the geographic area where the RHUs are to be counted, the place of event reflected in the field “Event Title” on the upper portion of Template B shall be used as the reference.
Number of RHUs Functional	The number of rural health units that remain functional after the occurrence of the event. For the purpose of defining the geographic area where the RHUs are to be counted, the place of event reflected in the field “Event Title” on the upper portion of Template B shall be used as the reference.

All Template Bs shall be kept on a clipboard and the EODs shall continue to update them as new data become available. Guidelines and procedures for updating the other sections of Template B are provided in the succeeding items.

- c. Follow-up of Reports and Updates from the Field – As part of the non-routine tasks, the EOD shall actively follow-up submission of reports by the HEMS Coordinators for the major health emergencies and disasters that have occurred within their jurisdiction. These reports and the corresponding guidelines and procedures in preparing them include the following:

HEARS Field Report (Form 1, Annex B) – Whenever a major health emergency or disaster occurs within the jurisdiction of a certain HEMS Coordinator, aside from obtaining immediate data through the telephone and recording them on Section A of Template B, the EOD shall remind the HEMS Coordinator to fill-out and submit Form 1 within 24 hours upon the occurrence of the event. The data fields under Sections A and B of Form 1 are exactly the same as those under Section A of Template B. For this reason, the guidelines and procedures provided for EODs in filling out Section A of Template B shall also guide the HEMS

Coordinators in filling out Sections A and B of Form 1. Upon receipt of Form 1 from the HEMS Coordinator, the EOD shall update Section D of Template A and Section C of Template B to document the receipt of the report, and Section B of Template B to document any changes in the number of casualties resulting from the event. The data fields under these sections and their corresponding descriptions appear below:

<i>Data Fields (Template A Sec. D)</i>	<i>Descriptions</i>
Received From	HEMS Coordinator or other individuals and offices that submitted the report
Received Thru	The manner by which the report was received, which could be through fax, email, or other means that the EOD shall specify.
Report/s Received	The type of report received, which could be any of the following: HEARS Field Report, Rapid Health Assessment Report, Health Situation Update, HEMS Coordinator's Final Report or other reports that the EOD shall specify.

<i>Data Fields (Template B Sec. C)</i>	<i>Descriptions</i>
Date Received	The month, day and year that the report was received.
EOD	The initials of the EOD who received the report.
Other Reports Received	Specific type of report received other than the regular reports.

<i>Data Fields (Template B Sec. B)</i>	<i>Descriptions</i>
As of Date	The reference month, day and year that the data update is considered valid and current.
Deaths	Latest figure available on the number deaths resulting from the particular event as of the month, day and year reported on the field "As of Date" above.
Admitted	Latest figure available on the number of ill or injured patients who are known to be hospitalized as a result of the particular event as of the month, day and year reported on the field "As of Date" above.
Outpatients	Latest figure available on the number of ill or injured patients as a result of the event and who are being managed on an outpatient basis as of the month, day and year reported on the field "As of Date" above.
Missing	Latest figure available on the number of missing individuals as a result of the event as of the month, day and year reported on the field "As of Date" above.

Displaced Families	Latest figure available on the number of families displaced by the event as of the month, day and year reported on the field “As of Date” above.
Displaced Individuals	Latest figure available on the number of individuals displaced by the event as of the month, day and year reported on the field “As of Date” above.
Other Information	Any other information gathered about the health consequences of the event as of the month, day and year reported on the field “As of Date” above.
Source	Source of the information update.
EOD	Initials of the EOD documenting the updated information.

Rapid Health Assessment Report (Form 3A-C, Annexes D,E,F) – The EOD shall also remind the HEMS Coordinator to submit a Rapid Health Assessment Report within 24 hours upon occurrence of the event. There are three versions of the form provided for this purpose. Form 3-A is the general purpose rapid health assessment form, while Form 3-B is specific for trauma and mass casualty incidents, and Form 3-C is designed for disease outbreaks. If necessary, the EOD shall guide the HEMS Coordinator on which form to use for his/her report. Copies of the three forms are provided in Annexes D, E and F respectively.

Health Situation Update No. __ (Form 4A-C, Annexes G,H,I) – The EOD shall also follow-up submission of updates by the HEMS Coordinators for old events or ongoing response operations. Health Situation Updates shall be submitted twice a week for the first two weeks, and once a week thereafter. They shall be numbered sequentially by the HEMS Coordinator. There are also three versions of the form provided for this purpose, which parallel those for the Rapid Health Assessment. Form 4-A shall be used for general types of health emergencies and disasters, while Form 4-B shall be used for trauma and mass casualty incidents, and Form 4-C shall be used for disease outbreaks. Copies are provided in Annexes G, H and I respectively.

List of Casualties (Form 5, Annex J) – The HEMS Coordinator shall supplement the Rapid Health Assessment Report (Form 3) or the Health Situation Update (Form 4) with a list of casualties and their personal details. This shall be done by attaching Form 5, which consists of four parts: (1) deaths, (2) injured/ill-admitted, (3) injured-ill/not admitted, and (4) missing. If one or more part/s is/are not applicable, the HEMS Coordinator may skip or delete the part/s from the form. Old and new cases of casualties shall be reported using Form 5, such that each report shall serve as an update of the previous one. If the HEMS Coordinator submits Forms 3 and 4 without an attached Form 5, the EOD shall remind the HEMS Coordinator to submit Form 5.

HEMS Coordinator's Final Report (Form 6, Annex K) – Upon termination of response activities and closure of an event, the EOD shall remind the HEMS Coordinator to submit a Final Report within one week. Form 6 is provided for this purpose and consists of four parts: (1) summary of the event, (2) summary of actions taken, (3) issues and problems, and (4) recommendations. The HEMS Coordinator may modify the template as long as the minimum required information is included in his/her report.

- d. Preparation of Reports – As part of the non-routine tasks, the EOD or other DOH-HEMS personnel who have been designated shall prepare certain reports. These include the Flash Report, Briefer and Final Report.

Flash Report (Template D, Annex O) – The EOD shall prepare a flash report upon awareness of the occurrence of a major health emergency or disaster and submit the report to the Office of the Health Secretary within two hours. Template D is provided for the purpose, which comes in the form of a memorandum for the Health Secretary through the Undersecretary who is heading the Health Program Development Cluster, from the HEMS Director. The report itself shall consist of two parts: (1) a situationer, and (2) initial actions taken. Template D may be modified as long as the minimum required information is included in the report. Upon submission of the Flash Report, the EOD shall document the date and time it was prepared and to whom it was submitted to using Section D of Template B under “Reports Prepared.” The EOD shall then affix his initials on the field “EOD.”

Briefer (Template E, Annex P) – The HEMS Director may designate any DOH-HEMS personnel to prepare a brief presentation of the information available regarding a certain health emergency or disaster being monitored. Template E is provided for this purpose, and has the following parts: (1) Purpose or objectives of the presentation, (2) Event information, (3) Health consequences of the event, (4) Actions taken by the DOH-HEMS and its partner agencies, (5) Health assistance needed. The template may be modified to accommodate more topics as needed for the purpose of the presentation. The HEMS Director or his/her representative may use this briefer when requested to make a presentation in cabinet meetings, disaster coordination meetings, health cluster meetings, and the like. The deadline for preparing the Briefer shall be as set by the HEMS Coordinator or his/her representative. Upon finishing the briefer, the designated personnel shall document the date/s of preparation and to whom it was submitted using Section D of Template B under “Reports Prepared.” The designated personnel shall then affix his initials on the field “EOD.”

Final Report (Template F, Annex Q) – The HEMS Director may designate OPCEN personnel who shall prepare the final report for each major health emergency and disaster monitored. Such report shall be prepared within two weeks upon termination of response activities or closure of an event. The final report shall consist of three parts: (1) Executive Summary, (2) Detailed Report, and (3) Annexes. Template F in Annex Q is provided for the purpose and contains specific guidelines in writing the report. Upon finishing the final report, the designated personnel shall document the date/s of preparation and to whom the final report was submitted. The designated personnel shall then affix his initials on the field “EOD.”

The EOD or any OpCen personnel may prepare other reports aside from those mentioned above, as necessary or upon the instruction of the HEMS Director or the Chief of the Response Division. Upon submission of such other reports, the EOD or designated personnel shall document the title of report, date/s of preparation, and to whom it was submitted using Section D of Template B under “Other Reports Prepared.”

- e. Updating of OpCen Information Boards – The EOD shall be responsible for updating the information display boards at the Operations Center. There are two such boards, namely the 'Status Monitoring Board for Active Cases' (Template I, Annex T) and 'Summary of Events Monitored at OpCen' (Template J, Annex U). Although not a routine task as it is dependent on

the availability of new data/information from the field, the EOD shall exert all efforts to follow-up submission of reports by the HEMS Coordinators and gather updated information from other reliable sources so that the OpCen information boards could be kept current at all times.

Upon updating the information boards, the EOD shall mark the appropriate box in Section G of Template A beside the field “OpCen Boards Updated.”

- (4) Before the end of his/her tour of duty, the EOD shall complete Template A and the applicable sections of Template B in preparation for endorsement to the next EOD. He/she shall record the other major activities done during his/her tour of duty under Section G of Template A, general issues and problems under Section H of Template A, and specific issues and problems for particular major events being monitored under Section E of Template B. The EOD shall also write down his/her endorsements under Section I of Template A, which may include follow-up calls needed for major events being monitored, urgent reports that need to be completed, problems with communication and other equipment, etc. The EOD shall then print his/her name, the date and time of endorsement, and affix his/her signature on Section J of Template A. He/she shall then brief the incoming EOD of the activities done during his tour of duty, explain the endorsements, and ask the incoming EOD to sign Section K of Template A. The outgoing EOD shall then submit the completed and signed Template A to the Chief of the Response Division.

6.3 Information Management Guidelines and Procedures for Tracking Logistics Support for Health Emergencies and Disasters

As part of resources mobilization during health emergency and disaster response, the DOH-HEMS distributes equipment, drugs and other supplies to DOH hospitals and CHDs. The CHDs, in turn, re-distribute the materials to the LGUs or hospitals within their jurisdiction and who are in need. A Logistics Officer (LO) is designated by the HEMS Director from among the OpCen staff to be responsible for this operation.

This manual only covers the information management aspect of logistics tracking from entry of inventory items into the DOH Central Warehouse to their distribution to the end users. The technical and other aspects of logistics management such as procurement, screening of donations, BFAD approval, selection, inspection, acceptance, physical handling, storage and delivery of goods, among others, are not covered by the guidelines and procedures provided in this manual.

A computer-based system for tracking inventory movement was developed for the DOH-HEMS with assistance from the World Health Organization. This computer application is called Health Emergency Logistics Support Information System (HELSIS). This is a stand alone system that is capable of doing the following:

- a. Tracking of stock movement from entry into the DOH Central Warehouse to distribution to CHDs and DOH hospitals
- b. Generating an up-to-date report of stock balance of warehouse items
- c. Generating a list of expiring items in the warehouse
- d. Viewing monetary value of items received by the warehouse
- e. Exporting data from the database to a spreadsheet for further manipulation and processing

HELSIS currently does not have a module for tracking the re-distribution of items from the CHDs to

the end users in the LGUs. However, the DOH-HEMS has a manual system for doing this, the guidelines and procedures for which are provided later in this section.

The following are the guidelines and procedures related to the of tracking logistics support for health emergencies and disasters:

1. To enable the system to generate up-to-date reports, the LO shall keep the database entries updated at all times. Updating of the database shall be done when any of the following transactions are carried out:
 - a. Arrival and acceptance of items at the DOH Warehouse
 - b. Issuance of items from the DOH Warehouse to DOH hospitals or CHDs
 - c. Transfer of items from DOH Warehouse to HEMS Warehouse for temporary storage
 - d. Issuance of items from the HEMS Warehouse

The specific procedures for updating the database could be found in Sections C, D and E of the HELSIS Users Manual (Annex T).

2. The LO shall generate the following reports once a month or as often as needed by DOH-HEMS.
 - a. Stock Balance of Items at the DOH Warehouse (Template G, Annex R)
 - b. List of Expiring Items at the DOH Warehouse (Template H, Annex S)

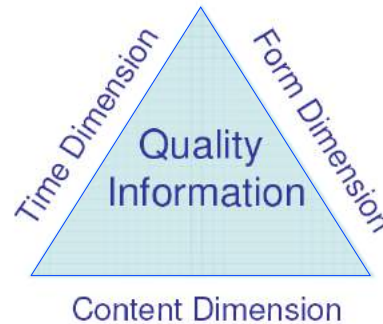
The specific procedures for generating these reports from HELSIS could be found in Section F of the HELSIS Users Manual (Annex V). These regular reports shall be submitted to the HEMS Director every quarter and a copy kept in a file maintained by the LO.

3. Should there be a request for reports other than the regular reports mentioned in (2) above, the LO shall be responsible for preparing such report. The Export module of HELSIS may be used to export the data to a spreadsheet such as the Microsoft Excel, which the LO could modify and reformat as necessary. The specific procedures for using the Export module could be found in Section G of the HELSIS Users Manual (Annex V).
4. To keep track of the utilization of materials delivered to CHDs, the LO shall follow-up the submission of the Materials Utilization Report (Form 2, Annex C) by the HEMS Coordinator. This report shall be prepared by the HEMS Coordinator and submitted to the DOH-HEMS every last working day of the month, until there are items to be re-distributed by the CHD to the region.
5. The LO shall prepare a summary report of materials utilization based on the reports submitted by the HEMS Coordinators. He/she shall submit the summary report to the HEMS Director, with a copy furnished to the Chief of the Response Division.
6. The LO shall likewise be responsible for regularly backing up the logistics tracking database through printouts and duplicate copies of the electronic files.

7 Assuring the Quality of Information

Data and information have attributes of quality that may be categorized into three dimensions (Figure 4):

Figure 4 – Dimensions of Quality in Information



- a. Time Dimension – This refers to the timeliness (ready when needed), currency (up-to-date), and frequency (available as often as needed) of the data or information being managed.
- b. Form Dimension – This refers to the clarity (easy to understand), level of detail (detailed vs summary report), and order (sequence of data presentation) in which the data or information is presented the reports
- c. Content Dimension – This refers to the accuracy (free from error), relevance (answers the needs of the user), and completeness (free of omissions) of the data or information.

As a general rule, the EODs, LO and HEMS Coordinators shall ensure the quality of data and information being managed at their respective levels. Specific guidelines to ensure the quality of information are as follows:

- (1) All data and information providers shall exercise due diligence in verifying accuracy of their reports. Doubtful data or information shall be verified with reliable sources within the network of agencies involved in emergency and disaster management. As a general rule, the sources of data identified in Chapter 5, Table 3 of this manual are considered reliable.
- (2) Data collection forms and reporting templates shall be prepared and submitted within the prescribed deadline and frequency as prescribed in Chapter 5, Table 4.
- (3) The persons responsible for filling-out the data collection forms and preparing the reports, as prescribed in Chapter 5, Table 4 shall ensure that the latest data and information are provided.
- (4) Prescribed forms shall be filled out as completely as possible. Templates may be modified but the general format shall be followed and the minimum data/information asked for shall be provided. For data fields requiring descriptive information (e.g. Brief Description of Event), the person

preparing the report shall provide as much relevant details as possible.

- (5) As much as possible, all forms and reports shall be typewritten or computer generated. Otherwise, they shall be written legibly and in black ink.

8 From Data Collation to Information Dissemination and Storage

8.1 Data Collation, Interpretation and Analysis

Tools for collating the data received from the field are described in Chapter 5. These include:

- a. Daily Monitoring and Endorsement Log Sheet (Template A, Annex L)
- b. Major Event Monitoring Sheet (Template B, Annex M)
- c. Status Monitoring Board for Active Cases (Template I, Annex T)
- d. Summary of Events Monitored at OpCen (Template J, Annex U)

Data collated in these tools shall be assessed and interpreted to help make decisions related to resource mobilization and the other aspects of emergency response. The following guide questions may be used by the EOD and other personnel involved in the response activities in interpreting and analyzing the data:

- a. Is the source of data reliable? Data must not be accepted at face value without assessing reliability of the source and cross-checking with other information. Do not discard what appears to be unlikely without sound reasons
- b. Are the data relevant to other information, and does this relevance produce further information or change existing information?
- d. Does the information have urgent implications?
- e. Is the information significant? If the significance of an item of information is not recognised, the resulting response may be deficient. Significance is determined by what may need to be done in response to the information.

8.2 Information Dissemination and Utilization

Information is disseminated throughout the different stages of health emergency or disaster response. This is accomplished through the different reporting tools, the timing of submission of which are prescribed in Chapter 6. These tools include the following:

- a. HEARS Plus Report (Template C, Annex N)
- b. Flash Report (Template D, Annex O)
- c. Briefer (Template E, Annex P)
- d. Final Report (Template F, Annex Q)
- e. Central Warehouse Inventory Report (Template G, Annex R)
- f. List of Expiring Central Warehouse Items (Template H, Annex S)
- g. Status Monitoring Board for Active Cases (Template I, Annex T)
- h. Summary of Events Monitored at OpCen (Template J, Annex U)

Utilization of information is incumbent upon the offices and personnel to whom it is disseminated. The following actions may be considered in planning and implementing appropriate health emergency responses by the EOD and other concerned personnel:

- a. Resource Matching – Allocation of personnel and resources to identified tasks

- b. Preliminary Deployment – Responding using available resources
- c. Activation of Support Services and Request for Outside Assistance – These actions need to be considered where the required response cannot be addressed by immediately available resources, but which may be available from other organizations through existing planning arrangements
- e. Logistics Support – The following should be considered:
 - (1) Length of self-sufficiency of affected areas
 - (2) The need to bring a small stock of high usage items
 - (3) The replenishment of consumables
 - (4) Provision of operational equipment
 - (5) Repair of operational equipment
- f. Prognosis – Forecasting the potential for additional assistance or resources required for the following hours or days as appropriate

8.3 Data Storage

The DOH-HEMS is mandated to serve as a repository of data and information on health emergencies and disasters occurring in the country. This function is accomplished by DOH-HEMS through manual and electronic storage of data and information.

Hard copies of the accomplished forms received from the HEMS Coordinators, as well as the reports prepared by the HEMS personnel using the prescribed templates shall be organized and stored into related files. From the 20 information management tools, four sets of files shall be maintained, as follows:

(1) Event Folder – As the forms and templates are received and accomplished, the case of a particular health emergency or disaster is built. One event folder shall be maintained for every major health emergency and disaster, which shall contain all the forms and templates organized according to the following sequence:

- a. Major Event Monitoring Sheet (Template B)
- b. Final Report (Template F)
- c. Annexes
 - Flash Report (Template D)
 - HEARS Field Report (Form 1)
 - Rapid Health Assessment (Form 3)
 - Health Situation Updates (Form 4)
 - List of Casualties (Form 5)
 - HEMS Coordinator's Final Report (Form 6)
 - Briefers (Template E)

(2) Daily Monitoring and Endorsement Log Sheet (Template A) – After submission to and review by the Chief of the Response Division, the daily report of the EODs shall be kept in one folder arranged by date.

(3) HEARS Plus Report (Template C) – A copy of the daily HEARS Plus Report shall likewise be kept in one folder arranged by date.

(4) Logistics Files – Reports related to logistics shall be organized and kept by the Logistics Officer.

These include the following:

- a. Materials Utilization Report (Form 2)
- b. Central Warehouse Inventory Report (Template G)
- c. List of Expiring Central Warehouse Items (Template H)
- d. Special logistics reports (as requested)

Aside from the manually stored data and information listed above, the HELSIS also creates and stores an electronic database of logistics movement.

Information may be retrieved from these manual and electronic databases, upon the approval of the HEMS Director, as needed for dissemination and utilization by the key players in health emergency and disaster response, as well as by policy makers and researchers for their own purposes.

References

World Health Organization Regional Office for the Western Pacific. *Developing Health Management Information Systems A Practical Guide for Developing Countries*. Manila, Philippines. World Health Organization, 2004.

World Health Organization Regional Office for the Western Pacific. *Workshop on Developing Integrated National Health Information Systems Meeting Report*. Manila, Philippines. World Health Organization, 2006.

Health Emergency Management Staff, Department of Health. *Manual for the DOH Operation Center, First Edition*. Manila, Philippines. 2000

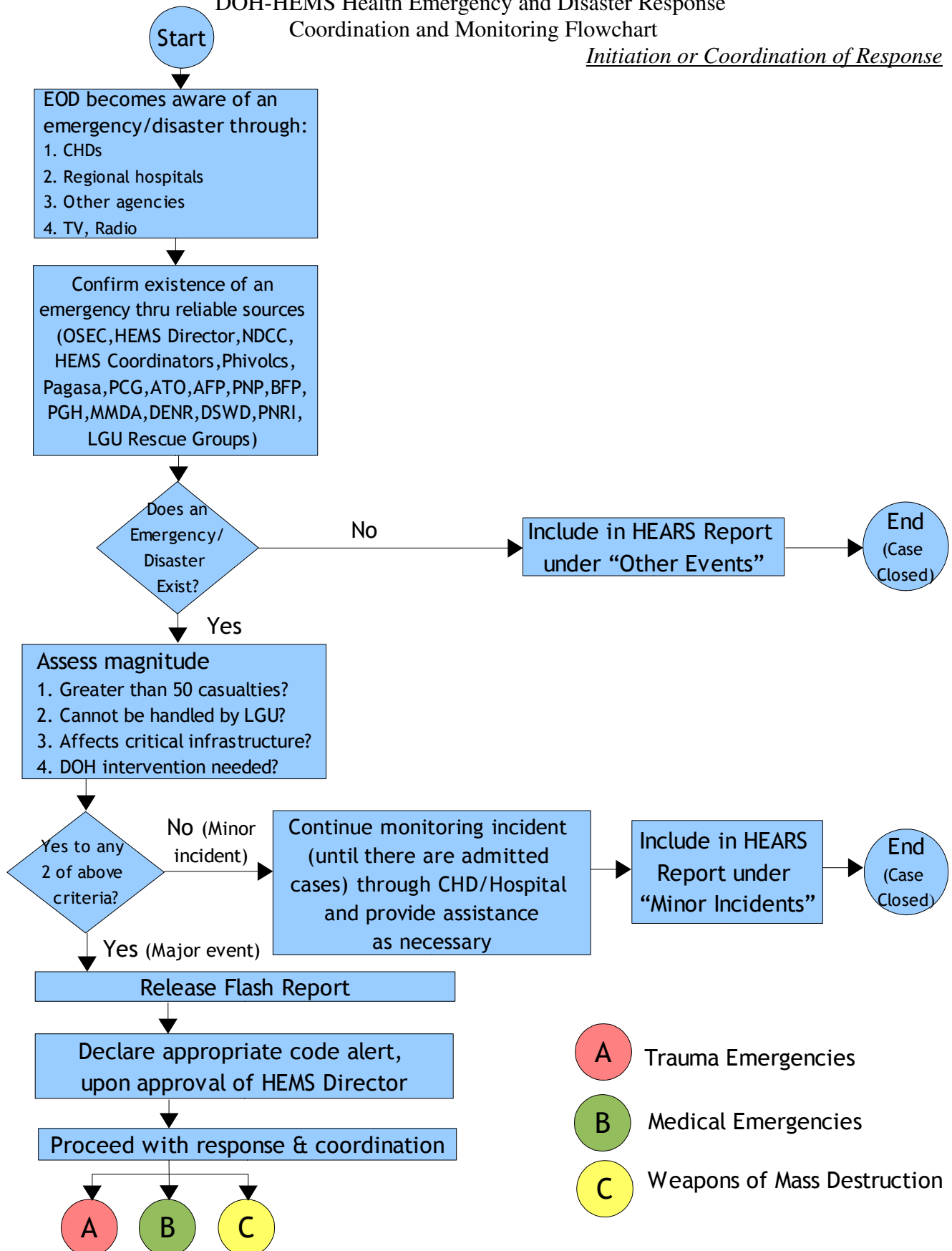
Annexes

- A – DOH-HEMS Health Emergency and Disaster Response Coordination and Monitoring Flowchart
- B – HEARS Field Report (Form 1)
- C – Materials Utilization Report (Form 2)
- D – Rapid Health Assessment (Form 3-A)
- E – Rapid Health Assessment (MCI) (Form 3-B)
- F – Rapid Health Assessment (Outbreak) (Form 3-C)
- G – Health Situation Update (Form 4-A)
- H – Health Situation Update (MCI) (Form 4-B)
- I – Health Situation Update (Outbreak) (Form 4-C)
- J – List of Casualties (Form 5)
- K – HEMS Coordinator's Final Report (Form 6)
- L – Daily Monitoring and Endorsement Log Sheet (Template A)
- M – Major Event Monitoring Sheet (Template B)
- N – HEARS Plus Report (Template C)
- O – Flash Report (Template D)
- P – Briefer (Template E)
- Q – Final Report (Template F)
- R – Central Warehouse Inventory Report (Template G)
- S – List of Expiring Central Warehouse Items (Template H)
- T – Status Monitoring Board for Active Cases (Template I)
- U – Summary of Events Monitored at OpCen (Template J)
- V – Health Emergency Logistics Support Information System (HELSIS) Users Manual

Annex A

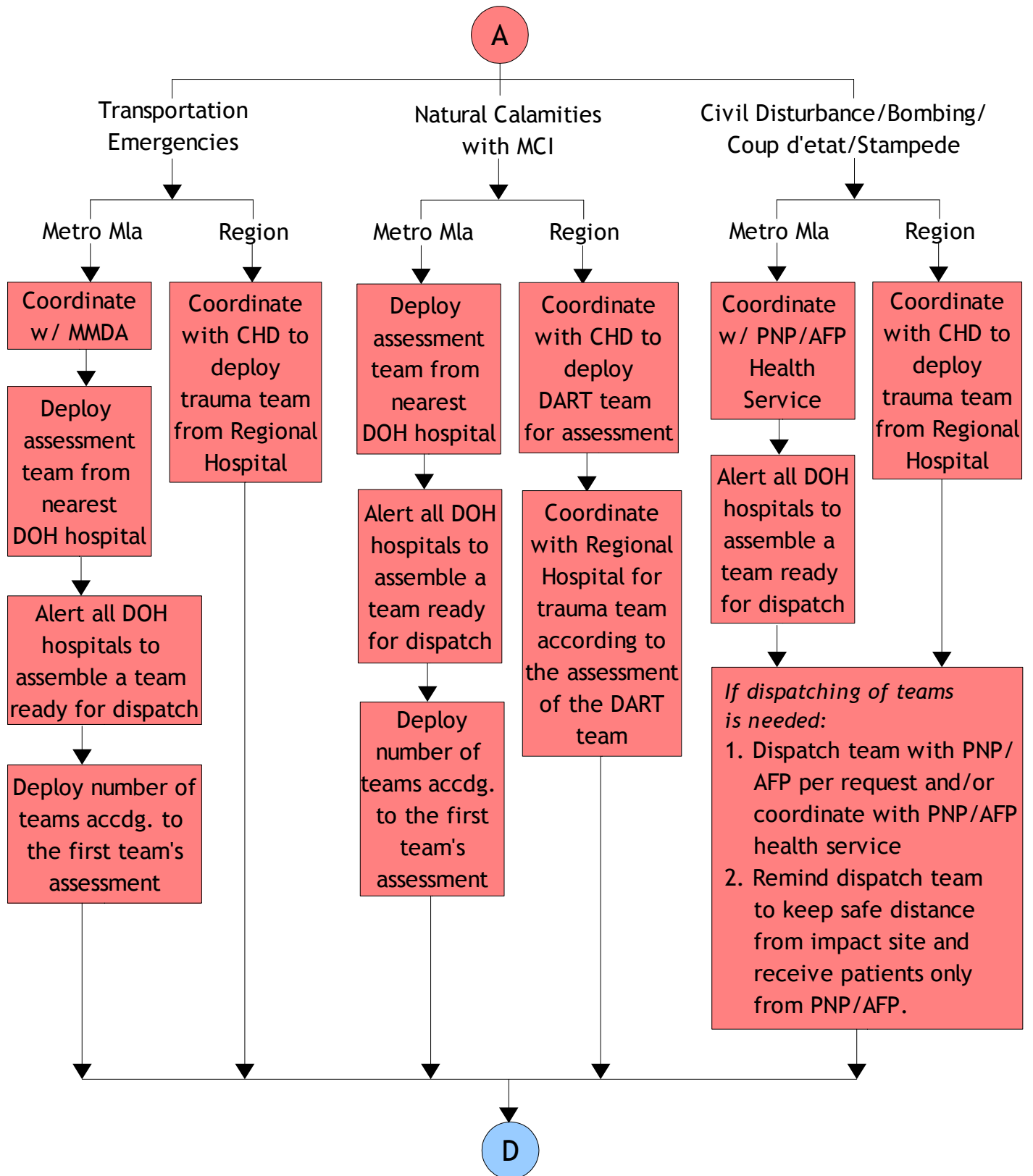
DOH-HEMS Health Emergency and Disaster Response Coordination and Monitoring Flowchart

Initiation or Coordination of Response



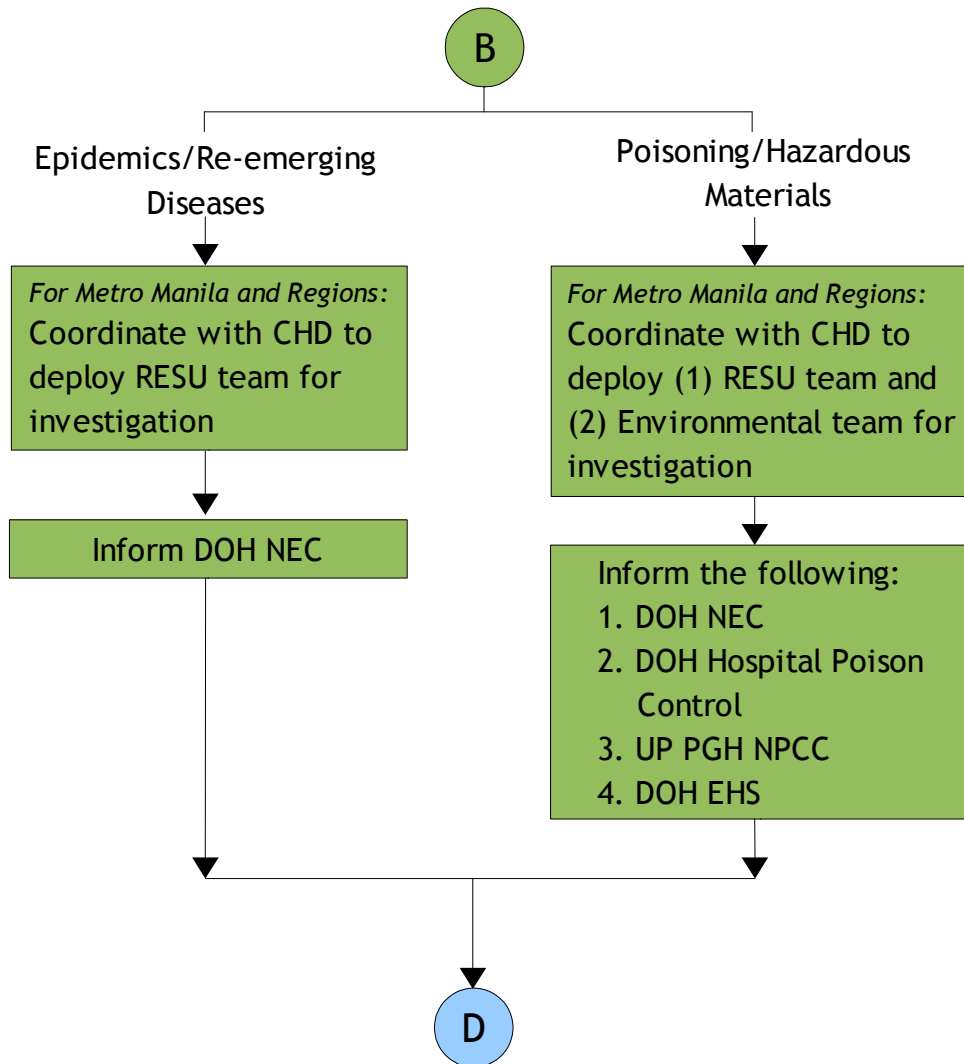
Annex A (continued)

Response Coordination and Monitoring for Trauma Emergencies

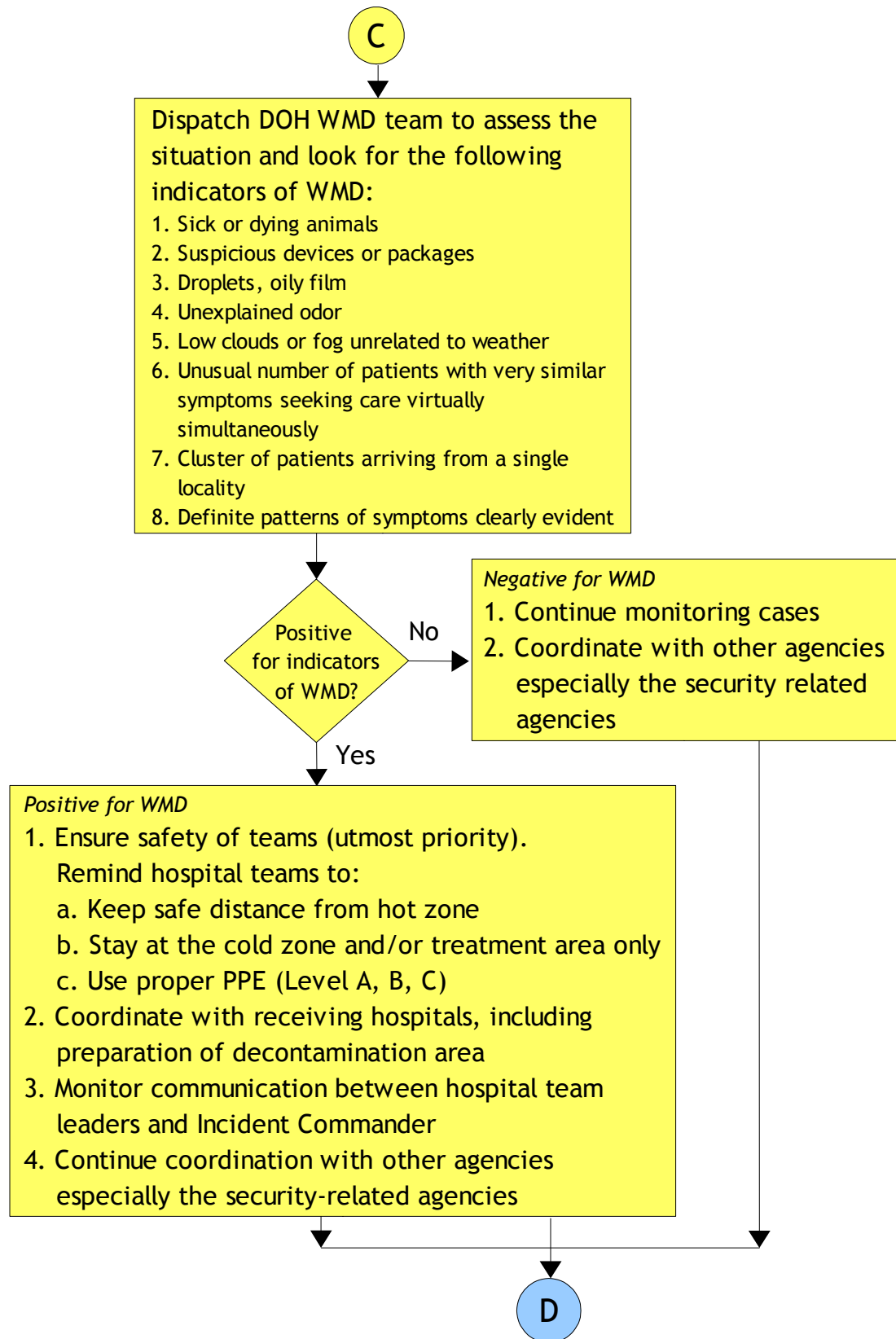


Annex A (continued)

Response Coordination and Monitoring for Medical Emergencies

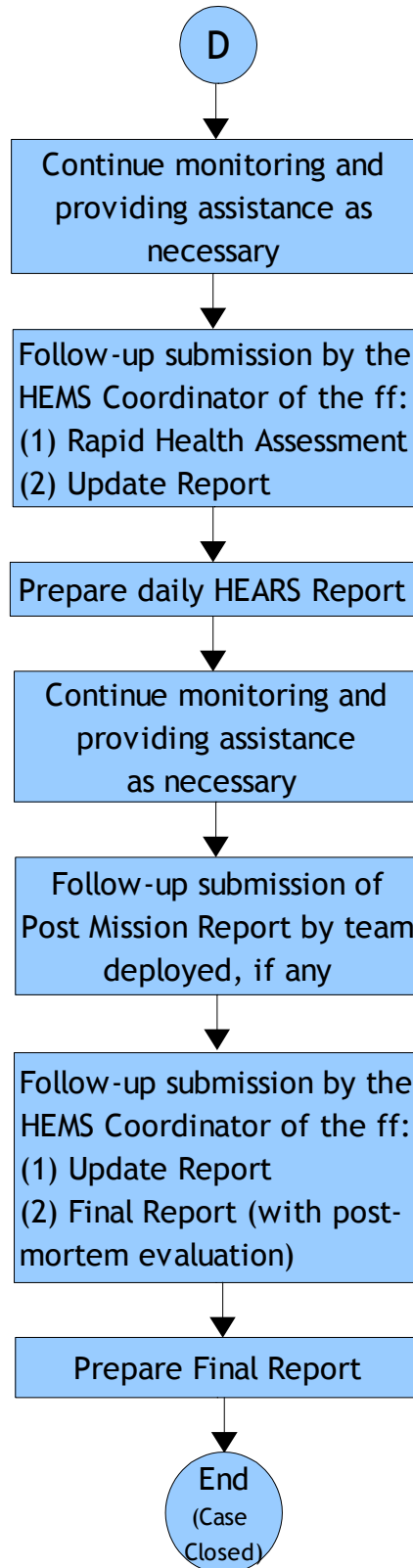


Annex A (continued)
Response Coordination and Monitoring for Threats of Weapons of Mass Destruction



Annex A (continued)

Preparation of Reports



Annex B

Form 1 – HEARS Field Report (Prototype)



Republic of the Philippines
Department of Health
HEALTH EMERGENCY MANAGEMENT STAFF
2nd Flr. ER Trauma Ext. Bldg., East Avenue Medical Center, Quezon City
Telefax: (63-2)929-6853 / 929-6919 / 929-6827 Tel: (63-2)929-6887 / 929-6923
Email: doh_hems@yahoo.com

Form 1 Rev. 4/7/2007



HEARS FIELD REPORT

(Upon learning about the occurrence of an event, the HEMS Coordinator shall immediately inform the DOH-HEMS Operation Center through the fastest communication means available. Then this Form 1 shall be filled-out and sent ASAP or within 24 hours upon occurrence of the event.)

A. Event Information

Type of Event:	GEOLOGIC <input type="checkbox"/> Volcanic Eruption <input type="checkbox"/> Earthquake <input type="checkbox"/> Tsunami <input type="checkbox"/> Landslide <input type="checkbox"/> Lahar	WEATHER <input type="checkbox"/> Typhoon <input type="checkbox"/> Storm Surge <input type="checkbox"/> Drought <input type="checkbox"/> Cold Spell <input type="checkbox"/> Flashflood	BIOLOGIC <input type="checkbox"/> Red Tide <input type="checkbox"/> Fish Kills <input type="checkbox"/> Locust <input type="checkbox"/> Infestation	MAN-MADE <input type="checkbox"/> Epidemic <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Armed Conflict <input type="checkbox"/> Terrorism	<input type="checkbox"/> Poisoning, specify _____ <input type="checkbox"/> Mass Action, specify _____ <input type="checkbox"/> Accident, specify _____ <input type="checkbox"/> Other, specify _____
----------------	--	--	--	--	---

Date of Occurrence:	Time of Occurrence:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Exact Location:	Region:	Province:	Municipality/City:
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Brief Description (How the event happened):

B. Consequences (Supply as much data as possible within 24 hours)

HEALTH IMPACT	POPULATION DISPLACEMENT	HEALTH FACILITIES / SERVICES	
No. of Deaths: _____	Population displaced? <input type="checkbox"/> Yes <input type="checkbox"/> No		
No. of Admitted Patients: _____	No. of Displ. Families: _____		Number Available
No. of Outpatients: _____	<input type="checkbox"/> Estimated		Number Functional
No. Missing: _____	<input type="checkbox"/> Actual	Public Hospitals:	
	No. of Disp. Individuals: _____	RHUs:	
	<input type="checkbox"/> Actual		
	<input type="checkbox"/> Estimated		

C. Actions Taken (Include information on number and types of services, manpower and supplies provided in the field)

1.	
2.	
3.	
4.	
5.	

D. Assistance Needed (Include information on number and types of services, manpower and supplies needed in the field)

1.	
2.	
3.	
4.	
5.	

Prepared and Submitted by:

Date Prepared:	Mobile No.:
Signature:	Landline:
Printed Name:	Fax No.:
Designation/Office:	Email:

Annex C
Form 2 – Materials Utilization Report (Prototype)

Form 2 Rev. 4/7/2007



Republic of the Philippines
Department of Health
HEALTH EMERGENCY MANAGEMENT STAFF
2nd Flr. ER Trauma Ext. Bldg., East Avenue Medical Center, Quezon City
Telefax: (63-2)929-6853 / 929-6919 / 929-6827 Tel: (63-2)929-6887 / 929-6923
Email: doh_hems@yahoo.com



MATERIALS UTILIZATION REPORT

(This report shall be prepared by HEMS Coordinators that have received logistics support from DOH-HEMS for re-distribution. It shall be submitted to DOH-HEMS every last working day of the month, until the last report shows that there are no more items to be re-distributed.
Each table below shall be copied for every batch of an item received.)

ITEM 1

A. Item Information

Item Name	Specifications	Tracking No.	Unit of Measure	Unit Cost	Expiry	Date Received	Total No. Received	No. Remaining

B. Distribution List

Recipient			Qty Issued	Date Issued	Purpose (Title of Emergency / Disaster)
Facility	Municipality / City	Province			

ITEM 2

A. Item Information

Item Name	Specifications	Tracking No.	Unit of Measure	Unit Cost	Expiry	Date Received	Total No. Received	No. Remaining

B. Distribution List

Recipient			Qty Issued	Date Issued	Purpose (Title of Emergency / Disaster)
Facility	Municipality / City	Province			

Prepared and Submitted by:

Date Prepared:		Mobile No.:	
Signature:		Landline:	
Printed Name:		Fax No.:	
Designation/Office:		Email:	

Annex D
Form 3-A – Rapid Health Assessment (Prototype)



Republic of the Philippines
Department of Health
HEALTH EMERGENCY MANAGEMENT STAFF
2nd Flr. ER Trauma Ext. Bldg., East Avenue Medical Center, Quezon City
Telefax: (63-2)929-6853 / 929-6919 / 929-6827 Tel: (63-2)929-6887 / 929-6923
Email: doh_hems@yahoo.com

Form 3-A (p.1/2) Rev. 4/7/2007



RAPID HEALTH ASSESSMENT

Event Title: _____

(This form shall be filled-out and submitted by the HEMS Coordinator to the DOH-HEMS within 24 hours upon occurrence of a major health emergency or disaster, except for mass casualty incidents and outbreaks, for which Form 3-B and Form 3-C shall be used respectively.)

A. Event Information

Type of Event:	GEOLOGIC <input type="checkbox"/> Volcanic Eruption <input type="checkbox"/> Earthquake <input type="checkbox"/> Tsunami <input type="checkbox"/> Landslide <input type="checkbox"/> Lahar	WEATHER <input type="checkbox"/> Typhoon <input type="checkbox"/> Storm Surge <input type="checkbox"/> Drought <input type="checkbox"/> Cold Spell <input type="checkbox"/> Flashflood	BIOLOGIC <input type="checkbox"/> Red Tide <input type="checkbox"/> Fish Kills <input type="checkbox"/> Locust <input type="checkbox"/> Infestation	MAN-MADE <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Armed Conflict <input type="checkbox"/> Terrorism	<input type="checkbox"/> Poisoning, specify _____ <input type="checkbox"/> Mass Action, specify _____ <input type="checkbox"/> Accident, specify _____ <input type="checkbox"/> Other, specify _____
----------------	--	--	--	---	---

Date of Occurrence:	Time of Occurrence:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Exact Location:	Region:	Province:	Municipality/City:
---------------------	---------------------	--	-----------------	---------	-----------	--------------------

B. Magnitude of Event

Province	Municipality/ City	Number Affected		Evacuation Centers		
		Families	Individuals	No. of EC	No. of Families in EC	No. of Indiv. in EC

C. Health Consequences

Province	Municipality/ City	Total No. of Deaths	Total no. of ill / injured (excluding those who have died)			Total No. of Missing
			Admitted	Admitted then Discharged	Not Admitted	

Attachments to this Report: ☐ Form 5 (List of Casualties) ☐ Others (Specify): _____

Annex D (continued)

Form 3-A (p.2/2) Rev. 4/7/2007

D. Health Facilities in the Affected Areas

DOH Hospital/s:	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:
LGU Hospital/s:	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:
Pvt. Hospital/s:	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:
RHU/Health Ctr:	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:
BHS:	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:
Other: _____	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:

E. Lifelines in the Affected Areas

Communication	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:
Electric Power	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:
Water	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:
Roads/Bridges	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:
Other: _____	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:

F. Status of Essential Drugs and Supplies in the Affected Areas

	No. of Cases	No. of Days	Remarks
Stock Level Good For:			

G. Actions Taken

1.	
2.	
3.	
4.	
5.	

H. Problems Encountered

1.	
2.	
3.	
4.	
5.	

I. Recommendations



1.	
2.	
3.	
4.	
5.	

Prepared and Submitted by:



Date Prepared:		Mobile No.:	
Signature:		Landline:	
Printed Name:		Fax No.:	
Designation/Office:		Email:	

Annex E

Form 3-B – Rapid Health Assessment (Mass Casualty Incident) (Prototype)

	<p>Republic of the Philippines Department of Health HEALTH EMERGENCY MANAGEMENT STAFF 2nd Flr. ER Trauma Ext. Bldg., East Avenue Medical Center, Quezon City Telefax: (63-2)929-6853 / 929-6919 / 929-6827 Tel: (63-2)929-6887 / 929-6923 Email: doh_hems@yahoo.com</p>	<p>Form 3-B Rev. 4/7/2007</p> 																
<h2 style="margin: 0;">RAPID HEALTH ASSESSMENT (MCI)</h2> <p style="margin: 0;">Event Title: _____</p> <p style="font-size: small; margin: 0;">(This form shall be filled-out and submitted by the HEMS Coordinator to the DOH-HEMS within 24 hours upon occurrence of the health emergency or disaster resulting to a mass casualty incident.)</p>																		
A. Event Information																		
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;"> Type of Event: <input type="checkbox"/> Volcanic Eruption <input type="checkbox"/> Earthquake <input type="checkbox"/> Tsunami <input type="checkbox"/> Landslide <input type="checkbox"/> Lahar </td> <td style="width: 25%;"> WEATHER <input type="checkbox"/> Typhoon <input type="checkbox"/> Storm Surge <input type="checkbox"/> Drought <input type="checkbox"/> Cold Spell <input type="checkbox"/> Flashflood </td> <td style="width: 25%;"> BIOLOGIC <input type="checkbox"/> Red Tide <input type="checkbox"/> Fish Kills <input type="checkbox"/> Locust <input type="checkbox"/> Infestation </td> <td style="width: 25%;"> MAN-MADE <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Armed Conflict <input type="checkbox"/> Terrorism </td> <td style="width: 20%;"> <input type="checkbox"/> Poisoning, specify _____ <input type="checkbox"/> Mass Action, specify _____ <input type="checkbox"/> Accident, specify _____ <input type="checkbox"/> Other, specify _____ </td> </tr> </table>			Type of Event: <input type="checkbox"/> Volcanic Eruption <input type="checkbox"/> Earthquake <input type="checkbox"/> Tsunami <input type="checkbox"/> Landslide <input type="checkbox"/> Lahar	WEATHER <input type="checkbox"/> Typhoon <input type="checkbox"/> Storm Surge <input type="checkbox"/> Drought <input type="checkbox"/> Cold Spell <input type="checkbox"/> Flashflood	BIOLOGIC <input type="checkbox"/> Red Tide <input type="checkbox"/> Fish Kills <input type="checkbox"/> Locust <input type="checkbox"/> Infestation	MAN-MADE <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Armed Conflict <input type="checkbox"/> Terrorism	<input type="checkbox"/> Poisoning, specify _____ <input type="checkbox"/> Mass Action, specify _____ <input type="checkbox"/> Accident, specify _____ <input type="checkbox"/> Other, specify _____											
Type of Event: <input type="checkbox"/> Volcanic Eruption <input type="checkbox"/> Earthquake <input type="checkbox"/> Tsunami <input type="checkbox"/> Landslide <input type="checkbox"/> Lahar	WEATHER <input type="checkbox"/> Typhoon <input type="checkbox"/> Storm Surge <input type="checkbox"/> Drought <input type="checkbox"/> Cold Spell <input type="checkbox"/> Flashflood	BIOLOGIC <input type="checkbox"/> Red Tide <input type="checkbox"/> Fish Kills <input type="checkbox"/> Locust <input type="checkbox"/> Infestation	MAN-MADE <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Armed Conflict <input type="checkbox"/> Terrorism	<input type="checkbox"/> Poisoning, specify _____ <input type="checkbox"/> Mass Action, specify _____ <input type="checkbox"/> Accident, specify _____ <input type="checkbox"/> Other, specify _____														
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Date of Occurrence:</td> <td style="width: 20%;">Time of Occurrence:</td> <td style="width: 10%;"> <input type="checkbox"/> AM <input type="checkbox"/> PM </td> <td style="width: 50%;"> Exact Location: _____ Region: _____ Province: _____ Municipality/City: _____ </td> </tr> </table>			Date of Occurrence:	Time of Occurrence:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Exact Location: _____ Region: _____ Province: _____ Municipality/City: _____												
Date of Occurrence:	Time of Occurrence:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Exact Location: _____ Region: _____ Province: _____ Municipality/City: _____															
B. Health Consequences																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="width: 15%;">Total No. of Deaths</th> <th colspan="4" style="text-align: center;">Total no. of ill / injured (Excluding those who have died)</th> <th rowspan="2" style="width: 15%;">Total No. of Missing</th> </tr> <tr> <th style="width: 15%;">Treated on Site</th> <th style="width: 20%;">Brought to hospital – Managed OPD</th> <th style="width: 20%;">Brought to hospital – Admitted then discharged</th> <th style="width: 20%;">Brought to hospital – Still admitted</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Total No. of Deaths	Total no. of ill / injured (Excluding those who have died)				Total No. of Missing	Treated on Site	Brought to hospital – Managed OPD	Brought to hospital – Admitted then discharged	Brought to hospital – Still admitted						
Total No. of Deaths	Total no. of ill / injured (Excluding those who have died)				Total No. of Missing													
	Treated on Site	Brought to hospital – Managed OPD	Brought to hospital – Admitted then discharged	Brought to hospital – Still admitted														
Attachments to this Report: <input type="checkbox"/> Form 5 (List of Casualties) <input type="checkbox"/> Others (Specify): _____																		
C. Actions Taken																		
1. _____ 2. _____ 3. _____ 4. _____																		
D. Problems Encountered																		
1. _____ 2. _____ 3. _____ 4. _____																		
E. Recommendations																		
1. _____ 2. _____ 3. _____ 4. _____																		
Prepared and Submitted by:																		
Date Prepared:	Mobile No.:																	
Signature:	Landline:																	
Printed Name:	Fax No.:																	
Designation/Office:	Email:																	

Annex F
Form 3-C – Rapid Health Assessment (Outbreak) (Prototype)

	Republic of the Philippines Department of Health HEALTH EMERGENCY MANAGEMENT STAFF 2 nd Flr. ER Trauma Ext. Bldg., East Avenue Medical Center, Quezon City Telefax: (63-2)929-6853 / 929-6919 / 929-6827 Tel: (63-2)929-6887 / 929-6923 Email: doh_hems@yahoo.com	Form 3-C Rev. 4/7/2007 			
RAPID HEALTH ASSESSMENT (OUTBREAK) Event Title: _____ (This form shall be filled-out and submitted by the HEMS Coordinator to the DOH-HEMS within 24 hours upon occurrence of the outbreak.)					
A. Event Information					
Type of Event: <input type="checkbox"/> Epidemic, specify: _____					
Date of Occurrence:	Time of Occurrence: <input type="checkbox"/> AM <input type="checkbox"/> PM	Exact Location: _____ Region: _____ Province: _____ Municipality/City: _____			
B. Health Consequences					
Total No. of Persons Exposed	Total No. of Deaths	Total No. of Cases (Excluding those who have died)			
		Treated on Site	Brought to hospital – Managed OPD	Brought to hospital – Admitted then discharged	Brought to hospital – Still admitted
Attachments to this Report: <input type="checkbox"/> Form 5 (List of Casualties) <input type="checkbox"/> Others (Specify): _____					
C. Actions Taken					
1.					
2.					
3.					
4.					
5.					
D. Problems Encountered					
1.					
2.					
3.					
4.					
5.					
E. Recommendations					
1.					
2.					
3.					
4.					
5.					
Prepared and Submitted by:					
Date Prepared:		Mobile No.:			
Signature:		Landline:			
Printed Name:		Fax No.:			
Designation/Office:		Email:			

Annex G
Form 4-A – Health Situation Update (Prototype)



Republic of the Philippines
Department of Health
HEALTH EMERGENCY MANAGEMENT STAFF
2nd Flr. ER Trauma Ext. Bldg., East Avenue Medical Center, Quezon City
Telefax: (63-2)929-6853 / 929-6919 / 929-6827 Tel: (63-2)929-6887 / 929-6923
Email: doh_hems@yahoo.com

Form 4-A (p.1/3) Rev. 4/7/2007



HEALTH SITUATION UPDATE No. ____

Event Title: _____

(This form shall be filled-out and submitted by the HEMS Coordinator to the DOH-HEMS twice a week for the first two weeks after the occurrence of a major health emergency or disaster and every week thereafter, until the response activities are terminated or the case is considered closed. Exceptions to the use of this form include mass casualty incidents and outbreaks, for which Form 4-B and Form 4-C shall be used instead.)

A. Event Information

Any additional information about the event (not previously reported):

B. Magnitude of Disaster (If applicable)

Province	Municipality/ City	Barangay	Population	No. of Families Affected	No. of Persons Affected

C. Lifelines (If applicable)

Communication	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:
Electric Power	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:
Water Supply	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:
Roads/Bridges	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:
Transportation	<input type="checkbox"/> Fully Functional <input type="checkbox"/> Partly Functional <input type="checkbox"/> Totally Non-Functional	Remarks:

D. Health Consequences (Report cumulative number of casualties from the time the event occurred until the date of this report)

Province	Municipality/ City	Total No. of Deaths	Total no. of ill / injured (excluding those who have died)				Total No. of Missing
			Treated on Site	Brought to hospital – Managed OPD	Brought to hospital – Admitted then discharged	Brought to hospital – Still admitted	

Attachments to this Report: ☐ Form 5 (List of Casualties) ☐ Others (Specify): _____

Annex G (continued)

Form 4-A (p.2/3) Rev. 4/7/2007

E. Temporary Shelters (If applicable)						
Province	Municipality/ City	Site of Evacuation Center	Inside Evacuation Center		Outside Evacuation Center	
			No. of Families	No. of Persons	No. of Families	No. of Persons

F. Morbidity Cases (Report only the NEW cases from the date of last report)						
TOP FIVE LEADING CAUSES OF CONSULTATION IN EVACUATION CENTERS (If Applicable)						
Causes			No. of Cases			Total
			0-15 yrs	>15 yrs		
1.						
2.						
3.						
4.						
5.						
TOP FIVE LEADING CAUSES OF CONSULTATION OUTSIDE EVACUATION CENTERS						
Causes			No. of Cases			Total
			0-15 yrs	>15 yrs		
1.						
2.						
3.						
4.						
5.						

G. Health Facilities (If applicable)				
	No. Existing Before the Event	No. Fully Functional After the Event	No. Partially Functional After the Event	Remarks (Names of facilities damaged, Type of damage, etc.)
Govt. Hospital/s:				
Pvt. Hospital/s:				
RHU/s:				
Other: _____				

H. Public Health Concerns (If applicable)		
ENVIRONMENTAL SANITATION		
Areas of Concern	Status (Indicate exact location of problem, if any)	Actions Taken
1. Water Supply		
2. Latrines		
3. Garbage Disposal		
4. Drainage		
5. Vermin Control		
HEALTH SERVICES		
1. Immunization	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	Remarks:
2. Nutrition	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	Remarks:
3. Consultation	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	Remarks:
4. Health Education	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	Remarks:

Annex G (continued)

Form 4-A (p.3/3) Rev. 4/7/2007

I. Rehabilitation

--

J. Actions Taken *(Report only the NEW actions taken from the date of the last report)*

Agency/Office	Actions Taken	Cost of Assistance
1. DOH-Central Office		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
2. CHD No. _____		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
3. LGU		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
4. PHO		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
5. CHO/MHO		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate

K. Problems Encountered

1.	
2.	
3.	
4.	
5.	


L. Recommendations

1.	
2.	
3.	
4.	
5.	

Prepared and Submitted by:


Date Prepared:		Mobile No.:	
Signature:		Landline:	
Printed Name:		Fax No.:	
Designation/Office:		Email:	

Annex H
Form 4-B – Health Situation Update (MCI) (Prototype)



Republic of the Philippines
 Department of Health
HEALTH EMERGENCY MANAGEMENT STAFF
 2nd Flr. ER Trauma Ext. Bldg., East Avenue Medical Center, Quezon City
 Telefax: (63-2)929-6853 / 929-6919 / 929-6827 Tel: (63-2)929-6887 / 929-6923
 Email: doh_hems@yahoo.com

Form 4-B (p.1/2) Rev. 4/7/2007



HEALTH SITUATION UPDATE No. ____ (MCI)

Event Title: _____

(This form shall be filled-out and submitted by the HEMS Coordinator to the DOH-HEMS twice a week for the first two weeks after the occurrence of the mass casualty incident and every week thereafter, until the response activities are terminated or the case is considered closed.)

A. Event Information

Any additional information about the event (not previously reported):

B. Health Consequences (Report cumulative number of casualties from the time the event occurred until the date of this report)

Province	Municipality/ City	Total No. of Deaths	Total no. of ill / injured (excluding those who have died)				Total No. of Missing
			Treated on Site	Brought to hospital – Managed OPD	Brought to hospital – Admitted then discharged	Brought to hospital – Still admitted	

Attachments to this Report: ☐ Form 5 (List of Casualties) ☐ Others (Specify): _____

C. Teams Dispatched (Report only NEW teams dispatched from the date of the last report)

Name of Hospital	Date and Time of			Site	Remarks
	Notification	Dispatch fr. Base	Arrival at Site		

Annex H (continued)

Form 4-B (p.2/2) Rev. 4/7/2007

D. Actions Taken <i>(Report only the NEW actions taken from the date of the last report)</i>		
Agency/Office	Actions Taken	Cost of Assistance
1. DOH-Central Office		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
2. CHD No. _____		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
3. LGU		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
4. PHO		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
5. CHO/MHO		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
E. Problems Encountered		
1.		
2.		
3.		
4.		
5.		
F. Recommendations		
1.		
2.		
3.		
4.		
5.		

Prepared and Submitted by:

Date Prepared:	Mobile No.:
Signature:	Landline:
Printed Name:	Fax No.:
Designation/Office:	Email:

Annex I
Form 4-C – Health Situation Update (Outbreak) (Prototype)



Republic of the Philippines
Department of Health
HEALTH EMERGENCY MANAGEMENT STAFF
2nd Flr. ER Trauma Ext. Bldg., East Avenue Medical Center, Quezon City
Telefax: (63-2)929-6853 / 929-6919 / 929-6827 Tel: (63-2)929-6887 / 929-6923
Email: doh_hems@yahoo.com

Form 4-C (p.1/2) Rev. 4/7/2007



HEALTH SITUATION UPDATE No. ____ (OUTBREAK)

Event Title: _____

(This form shall be filled-out and submitted by the HEMS Coordinator to the DOH-HEMS twice a week for the first two weeks after the occurrence of the outbreak and every week thereafter, until the response activities are terminated or the case is considered closed.)

A. Situation in the Area

To include:

- Event information (nature of emergency, date and time of occurrence, location, how it started)
- Description of affected municipality
- Population

B. Methodology

To include method/s of gathering the data (interview, house to house survey, environmental survey)

C. Results of Investigation

To include:

- No. of cases seen
- Age groups
- Summary of laboratory findings, if any (culture, stool exam, sputum exam, blood exam)
- Results of water analysis

D. Discussion and Conclusion

To include:

- If there is an outbreak
- Source of contaminants
- Description of the disease

Annex I (continued)

Form 4-C (p.2/2) Rev. 4/7/2007

E. Health Consequences

	As of last report	New cases in this period	Total
Total No. of Persons Exposed			
Total No. of Deaths			
Total No. of Cases (Excluding those who have died)			
BREAKDOWN OF CASES (Excluding those who have died)			
Treated on Site			
Brought to hospital – Managed OPD			
Brought to hospital – Admitted then discharged			
Brought to hospital - Still admitted			
Attachments to this Report: <input type="checkbox"/> Form 5 (List of Casualties) <input type="checkbox"/> Others (Specify): _____			

F. Actions Taken

Agency/Office	Actions Taken	Cost of Assistance
1. DOH-Central Office		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
2. CHD No. _____		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
3. LGU		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
4. PHO		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
5. CHO/MHO		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate
		<input type="checkbox"/> Actual <input type="checkbox"/> Estimate

G. Problems Encountered

1.	
2.	
3.	
4.	
5.	


H. Recommendations

1.	
2.	
3.	
4.	
5.	

Prepared and Submitted by:


Date Prepared:		Mobile No.:	
Signature:		Landline:	
Printed Name:		Fax No.:	
Designation/Office:		Email:	

Annex J
Form 5 – List of Casualties (Prototype)



Republic of the Philippines
Department of Health
HEALTH EMERGENCY MANAGEMENT STAFF
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Email: doh_hems@yahoo.com

Form 5 Rev. 4/7/2007



LIST OF CASUALTIES

Event Title: _____

(This form shall be used by the HEMS Coordinator to report ALL (old and new) cases of deaths, illnesses, injuries and missing individuals related to the particular health emergency or disaster. When used to supplement Form 4 (Rapid Health Assessment) or Form 5 (Health Situation Update), corresponding notation that this list is attached shall be indicated on the said forms.)

A. Deaths (Old and New Cases)						
Name	Age	Sex	Address	Cause of Death	Date Died	
1.						
2.						
3.						
4.						
5.						
Etc.						

B. Injured / ill – Admitted (Old and New Cases)							
Name	Age	Sex	Address	Hospital	Diagnosis	Date Admitted	Date Discharged
1.							
2.							
3.							
4.							
5.							
Etc.							

C. Injured / ill – Not Admitted (Old and New Cases)					
Name	Age	Sex	Address	Diagnosis	Date Seen
1.					
2.					
3.					
4.					
5.					
Etc.					

D. Missing (Old and New Cases)				
Name	Age	Sex	Address	Remarks
1.				
2.				
3.				
4.				
5.				
Etc.				

Prepared and Submitted by: _____

Date Prepared: _____	Mobile No.: _____
Signature: _____	Landline: _____
Printed Name: _____	Fax No.: _____
Designation/Office: _____	Email: _____

Annex K
Form 6 – HEMS Coordinator's Final Report (Prototype)

Form 6 Rev. 4/7/2007



Republic of the Philippines
Department of Health
HEALTH EMERGENCY MANAGEMENT STAFF
2nd Flr. ER Trauma Ext. Bldg., East Avenue Medical Center, Quezon City
Telefax: (63-2)929-6853 / 929-6919 / 929-6827 Tel: (63-2)929-6887 / 929-6923
Email: doh_hems@yahoo.com



HEMS COORDINATOR'S FINAL REPORT

<Title of Event/Emergency/Disaster>

(This report shall be submitted by the HEMS Coordinator within one week after termination of response activities or after an event is considered closed.)

(The final report comes in three parts: Part 1 consists of a one-page Executive Summary, Part 2 consists of the Detailed Report, and Part 3 contains the annexes such as tables of raw data, maps, pictures, etc. The purpose of dividing the final report into these three parts is to make it more reader friendly. Readers who only want to get an overview of the event can just read Part 1. Those who need more detailed information can proceed to read Part 2 without being overwhelmed with raw data. Those who need the raw data can see them in Part 3.)

Part 1 - Executive Summary

A. Description of the Emergency/Disaster

(This briefly answers the questions: What, When, Where of the emergency/disaster)

- Title of event
- Site (Region, Province, City/Municipality, Barangay, Institution if applicable)
- Date and time of occurrence, Duration of event, Duration of response
- Population affected

B. Health Impact of the Emergency/Disaster

(This contains the number of casualties resulting from the emergency/disaster. Only figures should be included and the names should be found in the annexes)

- Number of dead
- Number of injured/ill (Provide morbidity rate if possible)
- Number of missing

C. Summary of Response and Coordination Activities

(This contains a summary of actions taken by the different levels of responding agencies)

- HEMS
- CHD
- LGU
- Others

D. Cost of Assistance Rendered

(This contains a summary of the financial value of assistance provided to the local agencies and victims from various sources that were monitored or brought to the attention of the DOH-HEMS)

- Logistics support
- Support from other agencies, if available

Annex K (continued)

Part 2 – Detailed Report

A. Background of the Emergency/Disaster

General information about the event

- Name of event
- Date and time of occurrence, Duration of event, Duration of response
- Site (Region, Province, City/Municipality, Barangay, Institution if applicable)
- Population affected
- Nature of emergency/disaster

Detailed description of the event

- Chronology of events, if applicable

Background literature on the event

- Causative agent
- Mechanism
- Expected effects (human, infrastructure, environment)

B. Consequences of the Emergency/Disaster *(Sources of all the data, especially figures of mortality, morbidity, cost estimates should be properly cited and acknowledged)*

Health consequences

- Deaths, injuries, illnesses *(This should contain references to list of names and other details in the annexes)*
- Health infrastructures damaged, description of damage *(This may contain references to detailed lists, maps or pictures in the annexes)*

Other consequences

- Number of displaced families and individuals, if applicable *(This should contain references to list of names and other details in the annexes)*
- Other infrastructures damaged, description of damage (power, water, communication, transportation, major buildings)
- Cost of damage (if available)

C. Response and Coordination Activities Undertaken by HEMS

Chronology of activities undertaken *(This should contain detailed information of all activities undertaken in responding to the event, including coordination and monitoring of dispatch of teams at the local, regional, national and international levels)*

- Table: Date, Description of Activity, Responding Agency, Remarks *(The first entry on the table should contain a narration of the alert process, i.e. the series of activities leading to the OpCen staffs' initial awareness about the existence of the emergency/disaster and the last entry should describe the events leading to the decision to close the case and write the final report.)*

Mobilization of Teams *(Refers to teams mobilized by HEMS only. Those mobilized by region and LGU would be reflected in the chronology of activities above and actions taken by other agencies below.)*

- No. of teams mobilized
- Purpose of mobilization
- Results of mobilization *(Should contain reference to mission report which should be found in the annexes)*

Logistics Support

- Cost of medicines and supplies
- Source of medicines and supplies
- Recipients

Annex K (continued)

D. Actions Taken by Other Agencies

Response Activities by CHD, LGU, Other Agencies *(Should contain brief description of the activities and the results of the activities. May include references to reports submitted by the agencies e.g. RESU Report, etc. which should be included in the annexes)*

Evacuation Center Activities, if applicable

Rehabilitation Phase Activities (psychosocial services, etc.)

E. Problems Encountered

F. Lessons Learned *(Should include post-mortem evaluation)*

G. Recommendations *(Group recommendations by agencies that must take action)*


Annex K (continued)

Part 3 - Annexes

- A. Tables
- B. Graphs
- C. Maps
- D. Pictures
- E. Reports from the Field


Annex L

Template A – Daily Monitoring and Endorsement Log Sheet (Prototype)



Republic of the Philippines
Department of Health
HEALTH EMERGENCY MANAGEMENT STAFF
2nd Flr. ER Trauma Ext. Bldg., East Avenue Medical Center, Quezon City
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Email: doh_hems@yahoo.com

Template A (p.1/2) Rev.4/7/2007



DAILY MONITORING & ENDORSEMENT LOG SHEET

(This form shall be accomplished by the Emergency Officer on Duty (EOD) and submitted to the Division Chief or Officer-in-Charge everyday.)

A. Radio Check					
Time Started:		No. of Bases Checked:		No. Who Responded:	
PROBLEMS ENCOUNTERED (To be filled out only if there are problems with the radio bases checked)					
Call Sign	Nature of Problem			Actions Taken	
1.	<input type="checkbox"/> No Response <input type="checkbox"/> Poor Reception <input type="checkbox"/> Other (specify):				
2.	<input type="checkbox"/> No Response <input type="checkbox"/> Poor Reception <input type="checkbox"/> Other (specify):				
3.	<input type="checkbox"/> No Response <input type="checkbox"/> Poor Reception <input type="checkbox"/> Other (specify):				
4.	<input type="checkbox"/> No Response <input type="checkbox"/> Poor Reception <input type="checkbox"/> Other (specify):				

B. Resources Utilization					
Local Calls	No. Incoming:	Long Distance Calls	No. Incoming:	Text Messages	No. Incoming:
	No. Outgoing:		No. Outgoing:		No. Outgoing:
Local	No. Incoming:	Long Distance	No. Incoming:	Mobile	No. Incoming:
Fax	No. Outgoing:	Fax	No. Outgoing:	Calls	No. Outgoing:

C. New Events Monitored <i>(This section is for new events only. Old (previously discovered) events shall be monitored using Template B)</i>								
Name/ Title of Event	Awareness of the Event		Event Information					Actions Taken
	Mode of Discovery	Time	Type of Emerg./Disaster	Date Occurred	Time	Location	Classification	
1.	<input type="checkbox"/> Trans. Radio <input type="checkbox"/> 2-way Radio <input type="checkbox"/> TV <input type="checkbox"/> Phone <input type="checkbox"/> Other:						<input type="checkbox"/> Minor health emerg. <input type="checkbox"/> Major health emerg. <input type="checkbox"/> Disaster	<input type="checkbox"/> Template B initiated <input type="checkbox"/> Other(specify):
2.	<input type="checkbox"/> Trans. Radio <input type="checkbox"/> 2-way Radio <input type="checkbox"/> TV <input type="checkbox"/> Phone <input type="checkbox"/> Other:						<input type="checkbox"/> Minor health emerg. <input type="checkbox"/> Major health emerg. <input type="checkbox"/> Disaster	<input type="checkbox"/> Template B initiated <input type="checkbox"/> Other(specify):
3.	<input type="checkbox"/> Trans. Radio <input type="checkbox"/> 2-way Radio <input type="checkbox"/> TV <input type="checkbox"/> Phone <input type="checkbox"/> Other:						<input type="checkbox"/> Minor health emerg. <input type="checkbox"/> Major health emerg. <input type="checkbox"/> Disaster	<input type="checkbox"/> Template B initiated <input type="checkbox"/> Other(specify):
4.	<input type="checkbox"/> Trans. Radio <input type="checkbox"/> 2-way Radio <input type="checkbox"/> TV <input type="checkbox"/> Phone <input type="checkbox"/> Other:						<input type="checkbox"/> Minor health emerg. <input type="checkbox"/> Major health emerg. <input type="checkbox"/> Disaster	<input type="checkbox"/> Template B initiated <input type="checkbox"/> Other(specify):
5.	<input type="checkbox"/> Trans. Radio <input type="checkbox"/> 2-way Radio <input type="checkbox"/> TV <input type="checkbox"/> Phone <input type="checkbox"/> Other:						<input type="checkbox"/> Minor health emerg. <input type="checkbox"/> Major health emerg. <input type="checkbox"/> Disaster	<input type="checkbox"/> Template B initiated <input type="checkbox"/> Other(specify):
6.	<input type="checkbox"/> Trans. Radio <input type="checkbox"/> 2-way Radio <input type="checkbox"/> TV <input type="checkbox"/> Phone <input type="checkbox"/> Other:						<input type="checkbox"/> Minor health emerg. <input type="checkbox"/> Major health emerg. <input type="checkbox"/> Disaster	<input type="checkbox"/> Template B initiated <input type="checkbox"/> Other(specify):
7.	<input type="checkbox"/> Trans. Radio <input type="checkbox"/> 2-way Radio <input type="checkbox"/> TV <input type="checkbox"/> Phone <input type="checkbox"/> Other:						<input type="checkbox"/> Minor health emerg. <input type="checkbox"/> Major health emerg. <input type="checkbox"/> Disaster	<input type="checkbox"/> Template B initiated <input type="checkbox"/> Other(specify):

D. Reports Received <i>(This section is for new and old events. Reports for old events shall also be reflected on Form 2)</i>				
Received From	Rcvd Thru	Report/s Received		
1.	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other:	<input type="checkbox"/> HEARS <input type="checkbox"/> Rapid Assessment <input type="checkbox"/> Update No. <input type="checkbox"/> Final w/ Postmortem <input type="checkbox"/> Other:		
2.	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other:	<input type="checkbox"/> HEARS <input type="checkbox"/> Rapid Assessment <input type="checkbox"/> Update No. <input type="checkbox"/> Final w/ Postmortem <input type="checkbox"/> Other:		
3.	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other:	<input type="checkbox"/> HEARS <input type="checkbox"/> Rapid Assessment <input type="checkbox"/> Update No. <input type="checkbox"/> Final w/ Postmortem <input type="checkbox"/> Other:		
4.	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other:	<input type="checkbox"/> HEARS <input type="checkbox"/> Rapid Assessment <input type="checkbox"/> Update No. <input type="checkbox"/> Final w/ Postmortem <input type="checkbox"/> Other:		
5.	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other:	<input type="checkbox"/> HEARS <input type="checkbox"/> Rapid Assessment <input type="checkbox"/> Update No. <input type="checkbox"/> Final w/ Postmortem <input type="checkbox"/> Other:		
6.	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other:	<input type="checkbox"/> HEARS <input type="checkbox"/> Rapid Assessment <input type="checkbox"/> Update No. <input type="checkbox"/> Final w/ Postmortem <input type="checkbox"/> Other:		
7.	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other:	<input type="checkbox"/> HEARS <input type="checkbox"/> Rapid Assessment <input type="checkbox"/> Update No. <input type="checkbox"/> Final w/ Postmortem <input type="checkbox"/> Other:		

Annex L (continued)

Template A (p.2/2) Rev.4/7/2007

E. Email Check *(The EOD shall check and print incoming emails and endorse to concerned units or individuals everyday.)*

Time Started:	No. of New Emails:	Total No. Endorsed:	
EMAILS ENDORSED			
Endorsed To	No. Endorsed	Endorsed To	No. Endorsed
1.		4.	
2.		5.	
3.		6.	

F. Requests for Assistance Received *(If Any)*

Received Thru	Time	Requesting Party			Assistance Requested	Actions Taken
		Name	Office	Contact Nos.		
<input type="checkbox"/> 2-way radio <input type="checkbox"/> Landline <input type="checkbox"/> Cellphone <input type="checkbox"/> Fax <input type="checkbox"/> Walk-in <input type="checkbox"/> Other, Specify:						
<input type="checkbox"/> 2-way radio <input type="checkbox"/> Landline <input type="checkbox"/> Cellphone <input type="checkbox"/> Fax <input type="checkbox"/> Walk-in <input type="checkbox"/> Other, Specify:						
<input type="checkbox"/> 2-way radio <input type="checkbox"/> Landline <input type="checkbox"/> Cellphone <input type="checkbox"/> Fax <input type="checkbox"/> Walk-in <input type="checkbox"/> Other, Specify:						
<input type="checkbox"/> 2-way radio <input type="checkbox"/> Landline <input type="checkbox"/> Cellphone <input type="checkbox"/> Fax <input type="checkbox"/> Walk-in <input type="checkbox"/> Other, Specify:						
<input type="checkbox"/> 2-way radio <input type="checkbox"/> Landline <input type="checkbox"/> Cellphone <input type="checkbox"/> Fax <input type="checkbox"/> Walk-in <input type="checkbox"/> Other, Specify:						

G. Other Activities

OpCen Boards Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	HEARS Report Sent	Time sent:	Sent to:
1.			4.	
2.			5.	
3.			6.	

H. Issues and Problems

1.
2.
3.

I. Other Endorsements

1.
2.
3.
4.
5.

J. Endorsement


EOD Name:	Incoming EOD:
Signature:	Signature:
Date:	Date:
Time:	Time:

K. Acknowledgement


Incoming EOD:	Incoming EOD:
Signature:	Signature:
Date:	Date:
Time:	Time:

Annex M

Template B – Major Event Monitoring Sheet (Prototype)



Republic of the Philippines
Department of Health
HEALTH EMERGENCY MANAGEMENT STAFF
2nd Flr. ER Trauma Ext. Bldg., East Avenue Medical Center, Quezon City
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Email: doh_hems@yahoo.com

Template B Rev.4/7/2007


MAJOR EVENT MONITORING SHEET

Event Title: _____

(This template shall be initiated by the EOD for every major health emergency or disaster recorded in Template A, Section C. It shall be updated by all EODs and remain active until the case is closed and the Final Report (Template F) is prepared)

A. Initial Report About the Event and Its Health Consequences																		
Date of Initial Report: _____			EOD: _____															
Type of Event:	GEOLOGIC <input type="checkbox"/> Volcanic Eruption <input type="checkbox"/> Earthquake <input type="checkbox"/> Tsunami <input type="checkbox"/> Landslide <input type="checkbox"/> Lahar	WEATHER <input type="checkbox"/> Typhoon <input type="checkbox"/> Storm Surge <input type="checkbox"/> Drought <input type="checkbox"/> Cold Spell <input type="checkbox"/> Flashflood	BIOLOGIC <input type="checkbox"/> Red Tide <input type="checkbox"/> Fish Kills <input type="checkbox"/> Locust <input type="checkbox"/> Infestation	MAN-MADE <input type="checkbox"/> Epidemic <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Armed Conflict <input type="checkbox"/> Terrorism	<input type="checkbox"/> Poisoning, specify _____ <input type="checkbox"/> Mass Action, specify _____ <input type="checkbox"/> Accident, specify _____ <input type="checkbox"/> Other, specify _____													
Date of Occurrence: _____	Time of Occurrence: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Exact Location: _____		Region: _____	Province: _____	Municipality/City: _____												
Brief Description: _____ _____ _____																		
HEALTH IMPACT No. of Deaths: _____ No. of Admitted Patients: _____ No. of Outpatients: _____ No. Missing: _____			POPULATION DISPLACEMENT Population displaced? <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Displ. Families: _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated No. of Disp. Individuals: _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated			HEALTH FACILITIES / SERVICES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Present</th> <th>Number Functional</th> </tr> </thead> <tbody> <tr> <td>Public Hospitals:</td> <td></td> <td></td> </tr> <tr> <td>RHUs:</td> <td></td> <td></td> </tr> </tbody> </table>					Number Present	Number Functional	Public Hospitals:			RHUs:		
	Number Present	Number Functional																
Public Hospitals:																		
RHUs:																		

B. Updates on the Health Consequences (This section shall be used to update health consequences as reports are received from the field)									
As of Date	Deaths	Admitted	Outpatients	Missing	Displaced Families	Displaced Individuals	Other Information	Source	EOD

C. Reports Received							
REGULAR REPORTS		Date Rcvd	EOD	OTHER REPORTS RECEIVED		Date Rcvd	EOD
HEARS Field Report				1.			
Rapid Health Assessment				2.			
Health Situation Update No. 1				3.			
Health Situation Update No. 2				4.			
Health Situation Update No. 3				5.			
Health Situation Update No. 4				6.			
Health Situation Update No. 5				7.			
HEMS Coordinator's Final Report				8.			

D. Reports Prepared				
REPORTS PREPARED		Date Prepared	Submitted To	EOD
Flash Report	Time Prepared: _____			
Briefer				
Final Report				
OTHER REPORTS PREPARED		Date Prepared	Submitted To	EOD
1.				
2.				
3.				

E. Issues and Problems		
Issues and Problems Encountered	Date	EOD
1.		
2.		
3.		
4.		
5.		

Annex N
Template C – HEARS Plus Report (Prototype)

Template C Rev. 4/7/2007



Republic of the Philippines
Department of Health
HEALTH EMERGENCY MANAGEMENT STAFF
2nd Flr. ER Trauma Ext. Bldg., East Avenue Medical Center, Quezon City
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Email: doh_hems@yahoo.com



HEARS PLUS REPORT

FOR : <Name of Secretary>
Secretary of Health

THRU : <Name of Undersecretary>
Undersecretary of Health
Health Program Development Cluster

FROM : <Name of Director>
Director III

: <Name of EOD>
Emergency Officer on Duty

SUBJECT : **HEALTH EMERGENCY ALERT REPORTING SYSTEM
(HEARS) REPORT**

DATE : <Date>

There was/were <##> new incident/s of health emergency monitored at the HEMS Operation Center from 8:00 am of <starting date> to 8:00 am of <ending date>:

No.	New Incident	Brief Description	Health Effects	Actions Taken
1	<Title: What and Where of the Incident>	<Nature of emergency, Time, Exact location, How the incident started>	<No. of deaths, ill, injured, missing>	<Agency, actions>
2				
3				

HEMS-OPCEN is continuously coordinating with the Regions to gather updates on previously reported incidents. The following updates are available:

No.	Old Incident	Update	Follow-up Actions
1	<Title: What and Where of the Incident>	<Updated information on casualties, actions taken, problems encountered>	<Follow-up actions needed>
2			
3			

For your information.

Cc: <Name of Office 1>
<Name of Office 2>

Annex O
Template D – Flash Report (Prototype)

Template D Rev. 4/7/2007



Republic of the Philippines
Department of Health
HEALTH EMERGENCY MANAGEMENT STAFF
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Email: doh_hems@yahoo.com



FLASH REPORT

FOR : <Name of Secretary>
Secretary of Health

THRU : <Name of Undersecretary>
Undersecretary of Health
Health Program Development Cluster

FROM : <Name of Director>
Director III

SUBJECT : **FLASH REPORT ON <TITLE OF EVENT>**

DATE : <Date>

This is to inform you about the occurrence of the following incident, as well as the initial actions taken:

I. Situationer

Provide a summary of the event that includes the following information:

- The type of event/emergency/disaster
- Exact location (address, facility, municipality/city, province, region)
- Date of occurrence
- Number of casualties (deaths, ill, injured, missing). Mention special vulnerable groups affected (children, elderly, women)
- Chief complaints
- Current status of victims (indicate as of date)

II. Actions Taken

List down in concise bullet points the actions taken as of the date of report. For each action, indicate the agency involved.

For your information.

Cc: <Name of Office 1>
<Name of Office 2>

Annex P

Template E – Briefer

<div style="text-align: center; background-color: #4CAF50; color: white; padding: 10px; font-size: 24px; font-weight: bold;"> <Title of the Presentation> </div> <p style="text-align: center; margin-top: 20px;">A presentation made before the <Name of Agency></p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 20px;"> <div style="text-align: center;"> <p><Name of Person Presenting> Health Emergency Management Staff Department of Health</p> </div> </div> <p style="text-align: center; margin-top: 20px;"><Date></p>	<div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Title of the Presentation</div> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: right; font-size: 10px;">2</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Purpose</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Incident</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Effects</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Actions</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Needs</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Topic 6</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Topic 7</div> <div style="margin-top: 20px;"> <h3 style="text-align: center;">Purpose of the Presentation</h3> <p>Objective 1</p> <p>Objective 2</p> <p>Objective 3</p> </div>
<div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Title of the Presentation</div> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: right; font-size: 10px;">3</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Purpose</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Incident</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Effects</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Actions</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Needs</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Topic 6</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Topic 7</div> <div style="margin-top: 20px;"> <h3 style="text-align: center;">The Emergency/Disaster</h3> <p>Nature of Emergency:</p> <p>Date Occurred/Started:</p> <p>Location:</p> <p>Brief Description:</p> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; width: 45%; text-align: center; font-size: 8px;"> Picture 1 of the incident, if available </div> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; width: 45%; text-align: center; font-size: 8px;"> Picture 2 of the incident, if available </div> </div>	<div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Title of the Presentation</div> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: right; font-size: 10px;">4</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Purpose</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Incident</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Effects</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Actions</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Needs</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Topic 6</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Topic 7</div> <div style="margin-top: 20px;"> <h3 style="text-align: center;">Health Consequences</h3> <p>No. of deaths:</p> <p>No. of missing:</p> <p>No. of ill:</p> <p style="margin-left: 20px;"><i>Common illnesses:</i></p> <p>No. of injured:</p> <p style="margin-left: 20px;"><i>Common injuries:</i></p> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; width: 45%; text-align: center; font-size: 8px;"> Picture, if available </div> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; width: 45%; text-align: center; font-size: 8px;"> Picture, if available </div> </div>
<div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Title of the Presentation</div> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: right; font-size: 10px;">5</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Purpose</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Incident</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Effects</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Actions</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Needs</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Topic 6</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Topic 7</div> <div style="margin-top: 20px;"> <h3 style="text-align: center;">Actions Taken</h3> <p>Agency 1: Actions taken:</p> <p>Agency 2: Actions taken:</p> <p>Agency 3: Actions taken:</p> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; width: 45%; text-align: center; font-size: 8px;"> Picture, if available </div> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; width: 45%; text-align: center; font-size: 8px;"> Picture, if available </div> </div>	<div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Title of the Presentation</div> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: right; font-size: 10px;">6</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Purpose</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Incident</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Effects</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Actions</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Needs</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Topic 6</div> <div style="background-color: #4CAF50; color: white; padding: 5px; font-size: 10px;">Topic 7</div> <div style="margin-top: 20px;"> <h3 style="text-align: center;">Health Assistance Needed</h3> <p>Location 1: Assistance Needed: <qty, qlty> Urgency: <when, how often needed></p> <p>Location 2: Assistance Needed: <qty, qlty> Urgency: <when, how often needed></p> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; width: 45%; text-align: center; font-size: 8px;"> Picture, if available </div> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; width: 45%; text-align: center; font-size: 8px;"> Picture, if available </div> </div>

Annex P (continued)


Title of the Presentation 7

Purpose
Incident
Effects
Actions
Needs
Topic 6
Topic 7

Title

Picture, if available

Picture, if available




Title of the Presentation 8

Purpose
Incident
Effects
Actions
Needs
Topic 6
Topic 7

Title

Picture, if available

Picture, if available




Title of the Presentation 9

Purpose
Incident
Effects
Actions
Needs
Topic 6
Topic 7

Title

Picture, if available

Picture, if available




Title of the Presentation 10

Purpose
Incident
Effects
Actions
Needs
Topic 6
Topic 7


Title

Picture, if available

Picture, if available



**End of Presentation.
Thank You.**



Copyright Reserved
Health Emergency Management Staff
Department of Health

<Date>

Annex Q
Template F – Final Report (Prototype)

Template F Rev. 4/7/2007



Republic of the Philippines
Department of Health
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Email: doh_hems@yahoo.com



FINAL REPORT

<Title of Event/Emergency/Disaster>

(The final report comes in three parts: Part 1 consists of a one-page Executive Summary, Part 2 consists of the Detailed Report, and Part 3 contains the annexes such as tables of raw data, maps, pictures, etc. The purpose of dividing the final report into these three parts is to make it more reader friendly. Readers who only want to get an overview of the event can just read Part 1. Those who need more detailed information can proceed to read Part 2 without being overwhelmed with raw data. Those who need the raw data can see them in Part 3.)

Part 1 - Executive Summary

A. Description of the Emergency/Disaster

(This briefly answers the questions: What, When, Where of the emergency/disaster)

- Title of event
- Site (Region, Province, City/Municipality, Barangay, Institution if applicable)
- Date and time of occurrence, Duration of event, Duration of response
- Population affected

B. Health Impact of the Emergency/Disaster

(This contains the number of casualties resulting from the emergency/disaster. Only figures should be included and the names should be found in the annexes)

- Number of dead
- Number of injured/ill (Provide morbidity rate if possible)
- Number of missing

C. Summary of Response and Coordination Activities

(This contains a summary of actions taken by the different levels of responding agencies)

- HEMS
- CHD
- LGU
- Others

D. Cost of Assistance Rendered

(This contains a summary of the financial value of assistance provided to the local agencies and victims from various sources that were monitored or brought to the attention of the DOH-HEMS)

- Logistics support
- Support from other agencies, if available

Annex Q (continued)

Part 2 – Detailed Report

A. Background of the Emergency/Disaster

General information about the event

- Name of event
- Date and time of occurrence, Duration of event, Duration of response
- Site (Region, Province, City/Municipality, Barangay, Institution if applicable)
- Population affected
- Nature of emergency/disaster

Detailed description of the event

- Chronology of events, if applicable

Background literature on the event

- Causative agent
- Mechanism
- Expected effects (human, infrastructure, environment)

B. Consequences of the Emergency/Disaster *(Sources of all the data, especially figures of mortality, morbidity, cost estimates should be properly cited and acknowledged)*

Health consequences

- Deaths, injuries, illnesses *(This should contain references to list of names and other details in the annexes)*
- Health infrastructures damaged, description of damage *(This may contain references to detailed lists, maps or pictures in the annexes)*

Other consequences

- Number of displaced families and individuals, if applicable *(This should contain references to list of names and other details in the annexes)*
- Other infrastructures damaged, description of damage (power, water, communication, transportation, major buildings)
- Cost of damage (if available)

C. Response and Coordination Activities Undertaken by HEMS

Chronology of activities undertaken *(This should contain detailed information of all activities undertaken in responding to the event, including coordination and monitoring of dispatch of teams at the local, regional, national and international levels)*

- Table: Date, Description of Activity, Responding Agency, Remarks *(The first entry on the table should contain a narration of the alert process, i.e. the series of activities leading to the OpCen staffs' initial awareness about the existence of the emergency/disaster and the last entry should describe the events leading to the decision to close the case and write the final report.)*

Mobilization of Teams *(Refers to teams mobilized by HEMS only. Those mobilized by region and LGU would be reflected in the chronology of activities above and actions taken by other agencies below.)*

- No. of teams mobilized
- Purpose of mobilization
- Results of mobilization *(Should contain reference to mission report which should be found in the annexes)*

Logistics Support

- Cost of medicines and supplies
- Source of medicines and supplies
- Recipients

Annex Q (continued)

D. Actions Taken by Other Agencies

Response Activities by CHD, LGU, Other Agencies *(Should contain brief description of the activities and the results of the activities. May include references to reports submitted by the agencies e.g. RESU Report, etc. which should be included in the annexes)*

Evacuation Center Activities, if applicable

Rehabilitation Phase Activities (psychosocial services, etc.)

E. Problems Encountered

F. Lessons Learned *(Should include post-mortem evaluation)*

G. Recommendations *(Group recommendations by agencies that must take action)*

Annex Q (continued)

Part 3 - Annexes

- A. Tables
- B. Graphs
- C. Maps
- D. Pictures
- E. Reports from the Field

Annex R
Template G – Central Warehouse Inventory Report
 (Sample of the Computer Generated Report)



DOH Central Warehouse Inventory Report

As of Date: 4/03/07



Name of Item: Amoxicillin

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
3	/ /	Emergency P.	132	250mg/5mL susp 60mL	3/31/2008
2	/ /	Emergency P.	10,000	500mg capsule	4/30/2008
1	4/01/2007	Emergency P.	2,900	500mg capsule	6/30/2008

nothing follows

Name of Item: Bandages

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
4	/ /	Singapore	300	4.57m x 10cm	/ /

nothing follows

Name of Item: Benzyl Benzoate

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
5	/ /	HEMS P.	100	lotion25% 120mL	10/31/2008

nothing follows

Name of Item: Cadaver bag

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
7	/ /	Emergency P.	700		/ /
6	/ /	CHD- NCR	19		/ /

nothing follows

Name of Item: Cefalexin

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
8	/ /	HEMS P.	300	125mg/mL susp 60mL	9/30/2008
9	/ /	HEMS P.	500	250mg susp 60mL	10/31/2008
10	/ /	HEMS P.	30,000	500mg capsule	7/31/2009

nothing follows

Annex S
Template H – List of Expiring Central Warehouse Items
(Sample of the Computer Generated Report)



Expiring Materials at the DOH Central Warehouse

As of Date: 4/03/07



Name of Item: Lagundi

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
45	/ /	Emergency P.	185	300 mg. /5 ml. syrup, 60 ml	1/30/2008
nothing follows					

Name of Item: Amoxicillin

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
3	/ /	Emergency P.	132	250mg/5mL susp 60mL	3/31/2008
nothing follows					

Name of Item: Cotrimoxazole

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
22	/ /	Emergency P.	179	200 mg. sulfamethazole	4/30/2008
nothing follows					

Name of Item: Amoxicillin

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
2	/ /	Emergency P.	10,000	500mg capsule	4/30/2008
nothing follows					

Name of Item: Cotrimoxazole

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
21	/ /	India	631,210	400 mg. sulfamethazole	4/30/2008
nothing follows					

Name of Item: Chloramphenicol

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
11	/ /	HEMS P.	10,000	500mg capsule	6/30/2008
nothing follows					

Name of Item: Amoxicillin

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
1	4/01/2007	Emergency P.	2,900	500mg capsule	6/30/2008
nothing follows					

Name of Item: Mefenamic acid

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
--------	-----------	--------	-------------	-------------	--------

Annex T
Template I – Status Monitoring Board for Active Cases

Status Monitoring Board for Active Cases

Event	Date Started	Place	Population Affected	Number of Casualties				Cost of Damage	Logistics support provided (cost)	Rapid Assessment Form Submitted? (Y,N,NA)	Number of Update Forms	Status
				Deaths	Ill/ Injured-Admitted	Ill/ Injured-Non-Admitted	Missing					

Annex U
Template J – Summary of Events Monitored at OpCen

Summary of Emergencies/Disasters Monitored at OpCen

Totals	2005	2006	2007											
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Major events														
Minor events														
Deaths														
Ill/ Injured														
Missing														
Cost of damage														
Cost of logistics														

Annex V

Health Emergency Logistics Support Information System (HELSIS) Users Manual



A. About HELSIS

Health Emergency Logistics Support Information System (HELSIS) is a database application software that was developed for DOH-HEMS to improve its efficiency and effectiveness in tracking the distribution of logistics support from the DOH Central Warehouse to the CHDs and DOH hospitals. It was developed in March 2007 as part of the technical assistance package granted by the World Health Organization-Philippines for the relief operations in the Bicol Region in response to Typhoon Reming.

HELSIS has four modules, as follows:

- (1) Update – is the module for updating the contents of the database. This module is used to record the following transactions:
 - 1.1 Adding items to the DOH Warehouse
 - 1.2 Issuing items from the DOH Warehouse
 - 1.3 Issuing items from the HEMS Warehouse
 - 1.4 Updating the glossary of items in the database
- (2) View – is the module for viewing the contents of the database. This module does not allow updating or editing of entries and is useful for users of the system who only want to know the contents of the database. Five views are available in HELSIS:
 - 2.1 Items available at the DOH Warehouse
 - 2.2 Items available at the HEMS Warehouse
 - 2.3 Stock movement of items at DOH Warehouse

- 2.4 Stock movement of items at HEMS
- 2.5 Monetary value of items received at DOH Warehouse
- (3) Report – This module can generate instant reports from the database. Two reports are available:
 - 3.1 Stock balance of items at the DOH Warehouse
 - 3.2 List of expiring items at the DOH Warehouse
- (4) Export – This module is used for exporting data into a spreadsheet like Microsoft Excel. Data may be exported from the following tables:
 - 4.1 Items received by DOH Warehouse
 - 4.2 Items issued from DOH Warehouse
 - 4.3 Items issued from HEMS
 - 4.4 Items available at DOH Warehouse
 - 4.5 Items available at HEMS

B. Opening the Application

To open the application:

1. Locate the folder where the application is installed.
2. Double click the icon labeled “helsis” or “helsis.exe.”



C. Adding Items to the Inventory

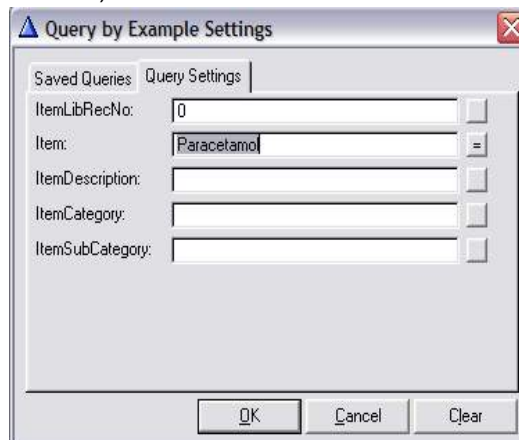
To add items to the inventory:

1. Verify first if the item to be added exists in the library or glossary of items. From the main menu, click View → Items in the Library

ItemLibRecNo	Item	ItemDescription	ItemCategory	ItemSubCategory
2	Amoxicillin	250mg/5mL susp 60mL	Drugs	Antibiotic
1	Amoxicillin	500mg capsule	Drugs	Antibiotic
2	Amoxicillin	250mg/5mL susp 60mL	Drugs	Antibiotic
3	Bandages	4.57m x 10cm	Drugs	
4	Benzyl Benzoate	lotion 25% 120mL	Supplies-Medical	
5	Cadaver bag		Drugs	
6	Cefalexin	125mg/mL susp 60mL	Supplies-Other	
7	Cefalexin	250mg susp 60mL	Supplies-Other	
8	Cefalexin	500mg capsule	Drugs	Antibiotic
10	Chloramphenicol	125mg susp 60mL	Drugs	Antibiotic
9	Chloramphenicol	500mg capsule	Drugs	Antibiotic
11	Chlorine Analyzer	with testing kit	Supplies-Medical	
12	Chlorine granules	40 kilos/drum	Supplies-Other	
13	Chlorine granules	3 kilos/ jar	Supplies-Other	
14	Ciplox	250 mg tablet	Supplies-Other	
15	Cobra antivenom	(equine origin) 800 m.u	Supplies-Other	
16	Compact Food	BP 5	Food	
19	Cotrimoxazole	200 mg. sulfamethazole	Drugs	Antibiotic
18	Cotrimoxazole	400 mg. sulfamethazole	Drugs	
17	Cotrimoxazole	800 mg. sulfamethazole	Drugs	
20	Colton	100 grams	Supplies-Medical	
21	Diphenhydramine	oral 50 mg. cap.	Drugs	
22	Emergency Health kit		Supplies-Medical	
23	Face Mask	N-95	Supplies-Medical	
24	Ficoid sodium/lucidic ac	2% ointment, 15 grams	Drugs	
25	Gauze swab	Sterile gauze swabs, 10'	Supplies-Medical	
26	Gauze swab	Absorbent, 7.5 x 7.6 cm	Supplies-Other	
27	Generator		Equipment	
27	Gentamicin	(as sulfate) 30% eyedrop	Drugs	
29	Hard hat		Equipment	
30	Head cap		Supplies-Medical	
35	IV Fluid	Lactated Ringers , 1000	Supplies-Medical	
34	IV Fluid	5% Dextrose Ionosol MB	Supplies-Medical	
33	IV Fluid	5% Dextrose Lactated R	Supplies-Medical	
34	IV Fluid	5% Dextrose Ionosol MB	Supplies-Medical	
35	IV Fluid	Lactated Ringers , 1000	Supplies-Medical	
36	IV needle	10 pcs./pack	Supplies-Medical	

A list of items arranged in alphabetical order will appear. The scrollbar may be used to see the items below the list. Or the Query button may be used to search for a particular item.

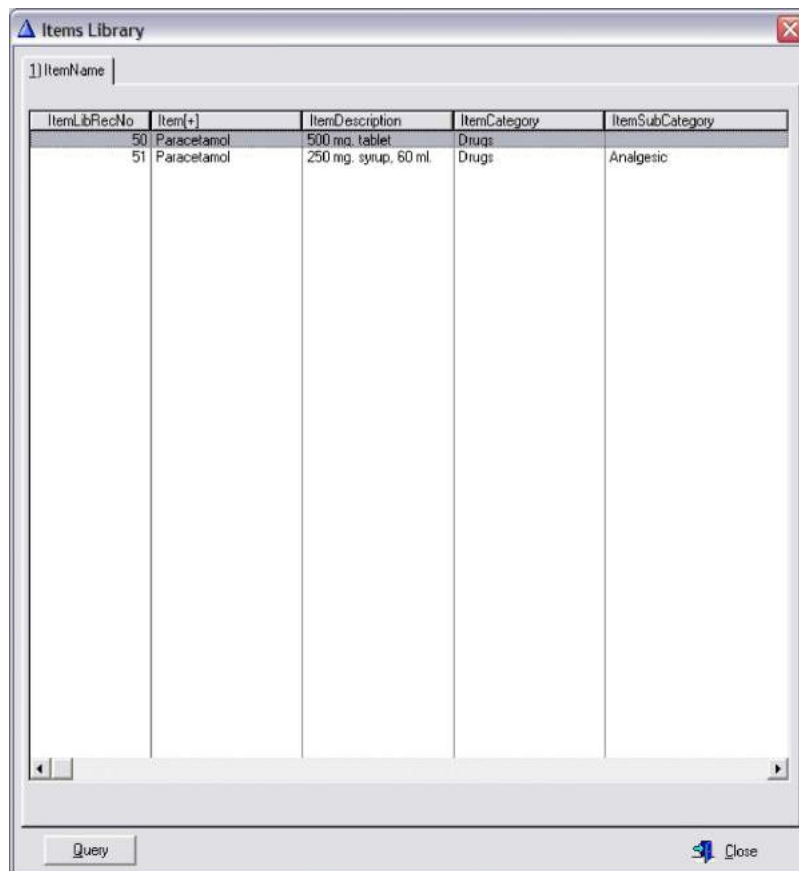
To use the Query button, click Query → Then type the particular item that you want to search for in the database (e.g. Paracetamol).



The 'Query by Example Settings' dialog box has two tabs: 'Saved Queries' and 'Query Settings'. The 'Query Settings' tab is active, showing five input fields with corresponding checkboxes to the right. The 'Item' field contains 'Paracetamol' and its checkbox is checked. The other fields are empty and their checkboxes are unchecked. At the bottom are 'OK', 'Cancel', and 'Clear' buttons.

Field	Value	Checkbox
ItemLibRecNo:	0	<input type="checkbox"/>
Item:	Paracetamol	<input checked="" type="checkbox"/>
ItemDescription:		<input type="checkbox"/>
ItemCategory:		<input type="checkbox"/>
ItemSubCategory:		<input type="checkbox"/>

Click OK to view all entries in the library with the item name that you searched for.



The 'Items Library' window displays a table of search results. The table has five columns: 'ItemLibRecNo', 'Item(+)', 'ItemDescription', 'ItemCategory', and 'ItemSubCategory'. There are two rows of data for 'Paracetamol'. The 'Query' button is at the bottom left, and the 'Close' button is at the bottom right.

ItemLibRecNo	Item(+)	ItemDescription	ItemCategory	ItemSubCategory
50	Paracetamol	500 mg. tablet	Drugs	
51	Paracetamol	250 mg. syrup, 60 ml.	Drugs	Analgesic

Click Close to go back to the main menu.

2. If the item does not exist in the library, click Update → Add Items to the Library

ItemLibRecNo	Item	ItemDescription	ItemCategory	ItemSubCategory
1	Amoxicillin	500mg capsule	Drugs	Antibiotic
2	Amoxicillin	250mg/5mL susp 60mL	Drugs	Antibiotic
3	Bandages	4.57m x 10cm	Drugs	
4	Benzyl Benzoate	lotion 25% 120mL	Supplies-Medical	
5	Cadaver bag		Drugs	
6	Cefalexin	125mg/mL susp 60mL	Supplies-Other	
7	Cefalexin	250mg susp 60mL	Supplies-Other	
8	Cefalexin	500mg capsule	Drugs	Antibiotic
10	Chloramphenicol	125mg susp 60mL	Drugs	Antibiotic
9	Chloramphenicol	500mg capsule	Drugs	Antibiotic
11	Chlorine Analyzer	with testing kit	Supplies-Medical	
12	Chlorine granules	40 kilos/drum	Supplies-Other	
13	Chlorine granules	3 kilos/ jar	Supplies-Other	
14	Ciplox	250 mg. tablet	Supplies-Other	
15	Cobra antivenom	(equine origin) 800 m.u BP 5	Supplies-Other	
16	Compact Food		Food	
19	Cotrimoxazole	200 mg. sulfamethazole	Drugs	Antibiotic
18	Cotrimoxazole	400 mg. sulfamethazole	Drugs	
20	Cotrimoxazole	800 mg. sulfamethazole	Drugs	
17	Cotton	100 grams	Supplies-Medical	
21	Cotton	oral 50 mg. cap.	Drugs	
22	Diphenhydramine		Supplies-Medical	
23	Emergency Health kit		Supplies-Medical	
24	Face Mask	N-95	Supplies-Medical	
25	Ficoid sodium/tucidic acid	2% ointment, 15 grams	Drugs	
26	Gauze swab	Sterile gauze swabs, 10x10	Supplies-Medical	
28	Gauze swab	Absorbent, 7.5 x 7.6 cm	Supplies-Other	
26	Generator		Equipment	

Click Insert → Skip ItemLibRecNo because the system will automatically generate this record number for the item being added. Type the Item name, Item description, Item category and Item subcategory.

Record Will Be Added

1) General

ItemLibRecNo: 0

Item: Cetirizine

ItemDescription: 10mg tablet

ItemCategory: Drugs

ItemSubCategory: Antihistamine

OK Cancel

Click OK to see that the item has been added to the library. Click Close to return to the main menu.

3. If the item is already in the library, click Update → Add Items to DOH Warehouse → Insert

The screenshot shows a window titled "Items Delivered to DOH Warehouse". Inside, there is a table with columns: Item Rec No, Item Lib Rec No, Date Rcvd, Qty Rcvd, Unit, Packaging Information, Unit Price, Expiry, and Source Or Supplier. A dialog box titled "Record Will Be Added" is open, showing a "1) General" tab with fields for Item Rec No, Item Lib Rec No, Date Rcvd, Qty Rcvd, Unit of Measure, Packaging Information, Unit Price (Php), Expiry, Source Or Supplier, and Source Category. A "Select Item" button is visible next to the Item Lib Rec No field. At the bottom of the window, there are buttons for "View", "Insert", "Change", "Delete", "Query", and "Close".

Click Select Item → Then look for the item that you want to add to the DOH warehouse inventory. The column heading "Item" may be clicked to sort the items alphabetically.

The screenshot shows a window titled "Select Item from the Library". It contains a table with the following columns: ItemLibRecNo, Item(+), ItemDescription, ItemCategory, and ItemSubCategory. The table lists various medical supplies and drugs. The item "Cetirizine" is highlighted in the list.

ItemLibRecNo	Item(+)	ItemDescription	ItemCategory	ItemSubCategory
1	Amoxicillin	500mg capsule	Drugs	Antibiotic
2	Amoxicillin	250mg/5mL susp 60mL	Drugs	Antibiotic
3	Bandages	4.57m x 10cm	Drugs	
4	Benzyl Benzoate	lotion25% 120mL	Supplies-Medical	
5	Cadaver bag		Drugs	
6	Cefalexin	125mg/mL susp 60mL	Supplies-Other	
7	Cefalexin	250mg susp 60mL	Supplies-Other	
8	Cefalexin	500mg capsule	Drugs	Antibiotic
68	Cetirizine	10mg tablet	Drugs	Antihistamine
9	Chloramphenicol	500mg capsule	Drugs	Antibiotic
10	Chloramphenicol	125mg susp 60mL	Drugs	Antibiotic
11	Chlorine Analyzer	with testing kit	Supplies-Medical	
12	Chlorine granules	40 kilos/drum	Supplies-Other	
13	Chlorine granules	3 kilos/ jar	Supplies-Other	
14	Ciplox	250 mg. tablet	Supplies-Other	
15	Cobra antivenom	(equine origin) 800 m.u.	Supplies-Other	
16	Compact Food	BP 5	Food	
17	Cotrimoxazole	800 mg. sulfamethazole	Drugs	
18	Cotrimoxazole	400 mg. sulfamethazole	Drugs	
19	Cotrimoxazole	200 mg. sulfamethazole	Drugs	Antibiotic
20	Colton	100 grams	Supplies-Medical	
21	Diphenhydramine	oral 50 mg. cap.	Drugs	
22	Emergency Health kit		Supplies-Medical	
23	Face Mask	N-95	Supplies-Medical	
24	Ficidic sodium/tucidic ac	2% ointment, 15 grams	Drugs	
25	Gauze swab	Sterile gauze swabs, 10"	Supplies-Medical	
28	Gauze swab	Absorbent, 7.5 x 7.6 cm.	Supplies-Other	
26	Generator		Equipment	
27	Gentamicin	(as sulfate) 30% eyedrop	Drugs	
29	Hard hat		Equipment	
30	Head cap		Supplies-Medical	
31	IV Fluid	Plain LR solution, 1 L.	Supplies-Medical	
32	IV Fluid	5% Dextrose 0.9 Sodium	Supplies-Medical	

Double click on the item that you want to add to transfer the ItemLibRecNo to the “Record Will Be Added” window. Supply the data being asked for:

The screenshot shows the 'Items Delivered to DOH Warehouse' window. A 'Record Will Be Added' dialog box is open, allowing data entry for a new record. The dialog box contains the following fields:

- Item Rec No: 0
- Item Lib Rec No: 68 (with a 'Select Item' button)
- Date Rcvd: 4/01/2007
- Qty Rcvd: 1,000
- Unit of Measure: tablet
- Packaging Information: 10 boxes x 100 tablets
- Unit Price (Php): 40.00
- Expiry: 4/30/2009
- Source Or Supplier: Mercury Drug
- Source Category: Purchase-Emergency

The background window displays a table with columns: Item Rec No, Item Lib Rec No, Date Rcvd, Qty Rcvd, Unit, Packaging Information, Unit Price, Expiry, and Source Or Supplier. The table contains two rows of data.

Click OK then Close to return to the main menu. An item has been successfully added to the inventory.

D. Issuing Items from the DOH Warehouse

1. From the main menu, click Update → Issue Items from DOH Warehouse → Insert

The screenshot shows the 'Items Issued from DOH Warehouse' window. A 'Record Will Be Added' dialog box is open, allowing data entry for a new record. The dialog box contains the following fields:

- Issue Rec No: 0
- Item Rec No: 0 (with a 'Select Item' button)
- Item: (empty field)
- Item Description: (empty field)
- Receiving Agency: (empty field)
- Date Issued: (empty field)
- Qty Issued: 0
- Issuance Purpose: (empty field)
- Disaster Emergency: (empty field)
- Disaster Type: (empty field)
- Mode Of Delivery: (radio buttons for Land, Air, Sea)
- Transporter: (empty field)
- Issuance Tracking Ref No: (empty field)

The background window displays a table with columns: Issue Rec No, Item Rec No, Item, and Disaster Emergency. The table contains one row of data.

- Click Select Item → Click on column heading “Item” to arrange the items alphabetically → Double click on the item to be issued

Items Issued from DOH Warehouse

1) PRIMARY

Record Will Be Added

Issue Rec No. Item Rec No. Item

Select Item from DOH Warehouse

1) ItemRecNoAvailDOH

Item Rec No	Item(+)	Item Description	No Available	Unit	Expiry	Days To Expire	Unit Price	Source Or Supplier	Source Category
7	Cadaver bag		700.00	pc.	/ /	0	500.00	Emergency P.	
8	Cefalexin	125mg/mL susp 60mL	300.00	bots.	9/30/2008	548	23.58	HEMS P.	
9	Cefalexin	250mg susp 60mL	500.00	bottle.	10/31/2008	579	23.00	HEMS P.	
10	Cefalexin	500mg capsule	30,000.00	capsule	7/31/2009	852	2.20	HEMS P.	
80	Cetirizine	10mg tablet	1,000.00	tablet	4/30/2009	760	40.00	Mercury Drug	Purchase-Emergency
11	Chloramphenicol	500mg capsule	10,000.00	capsule	6/30/2008	456	2.25	HEMS P.	
12	Chloramphenicol	125mg susp 60mL	432.00	bot.	7/31/2009	852	25.75	HEMS P.	
13	Chlorine Analyzer	with testing kit	2.00	set	/ /	0	28,580.00		
79	Chlorine Analyzer	with testing kit	20.00	unit	/ /	0	1,000.00	Sample	Sample
14	Chlorine granules	40 kilos/drum	140.00	kilo	/ /	0	100.00	Zone 2 Office	
15	Chlorine granules	3 kilos/ jar	74.00	jar	/ /	0	337.00	Emergency P.	
16	Ciplox	250 mg. tablet	14,967.00	box	1/30/2009	670	231.40	Canada	

Select

Query Close

OK Cancel Delete

Query Close

- Supply the other data being asked for:

Record Will Be Added

1) General

Issue Rec No: 0

Item Rec No: 80 Select Item

Item: Cetirizine

Item Description: 10mg tablet

Receiving Agency: CHD 5

Date Issued: 4/01/2007

Qty Issued: 100

Issuance Purpose: Emergency/Disaster

Disaster Emergency: Typhoon Reming

Disaster Type: Typhoon

Mode Of Delivery

Transporter: Air Philippines

Issuance Tracking Ref No: 2007-ID-00002

☐ Land ☒ Air ☐ Sea

OK Cancel

- Click OK then Close to return to the main menu. An item has been successfully issued from the DOH Warehouse.

E. Issuing Items from HEMS

The DOH-HEMS maintains a warehouse that serves as a transit or temporary warehouse between the DOH Central Warehouse and the end users. To transfer items from the DOH Central Warehouse to the HEMS Warehouse, follow the procedure for “Issuing Items from the DOH Warehouse.” In step 3, type “HEMS” for “Receiving Agency.” This will subtract the number of items from the DOH Warehouse stock balance and add the same to the HEMS Warehouse stock balance for the particular item transferred.

To issue items from the HEMS warehouse:

1. From the main menu, click Update → Issue Items from HEMS → Insert → Select Item → Double click on the item to be issued → Supply the other data being asked for:

The screenshot shows a software interface for issuing items from the HEMS warehouse. The main window, titled "Items Issued from HEMS", contains a table with columns "HEMS Rec No", "Issue Rec No", and "It". A "Query" button is at the bottom left. Overlaid on this is a "Record Will Be Added" dialog box with a "General" tab. The dialog contains the following fields and values:

Field	Value
Issue HEMS Rec No:	0
Issue Rec No:	1
Item:	Amoxicillin
Item Description:	500mg capsule
Recipient:	CHD CAR
Date Issued By HEMS:	4/01/2007
Qty Issued By HEMS:	10
Issuance Tracking Ref No HEMS:	2007-IH-00003

Buttons for "Select Item", "OK", "Cancel", and "Close" are visible.

2. Click OK then Close to return to the main menu. An item has been successfully issued from the HEMS Warehouse.

F. Generating Reports

To generate a report:

1. From the main menu, click on Report → Then choose the report that you want to generate:

1.1 If “DOH Central Warehouse Inventory Report” is chosen → Click Yes to preview report.

Report Preview [Brother HL-2040 series (Copy 1) on USB006]

Page 1 of 10

Copies 1 Pages to Print All

DOH Central Warehouse Inventory Report
As of Date: 4/01/07

Name of Item: Amoxicillin

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
3	/ /	Emergency P.	132	250mg/5mL susp 60mL	3/31/2008
2	/ /	Emergency P.	10,000	500mg capsule	4/30/2008
1	4/01/2007	Emergency P.	2,900	500mg capsule	6/30/2008

nothing follows

Name of Item: Bandages

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
4	/ /	Singapore	300	4.57m x 10cm	/ /

The report may be printed by clicking on the printer icon.

1.2 If the report “Expiring Items at DOH Central Warehouse” is chosen, the system will ask for a range of expiration dates.

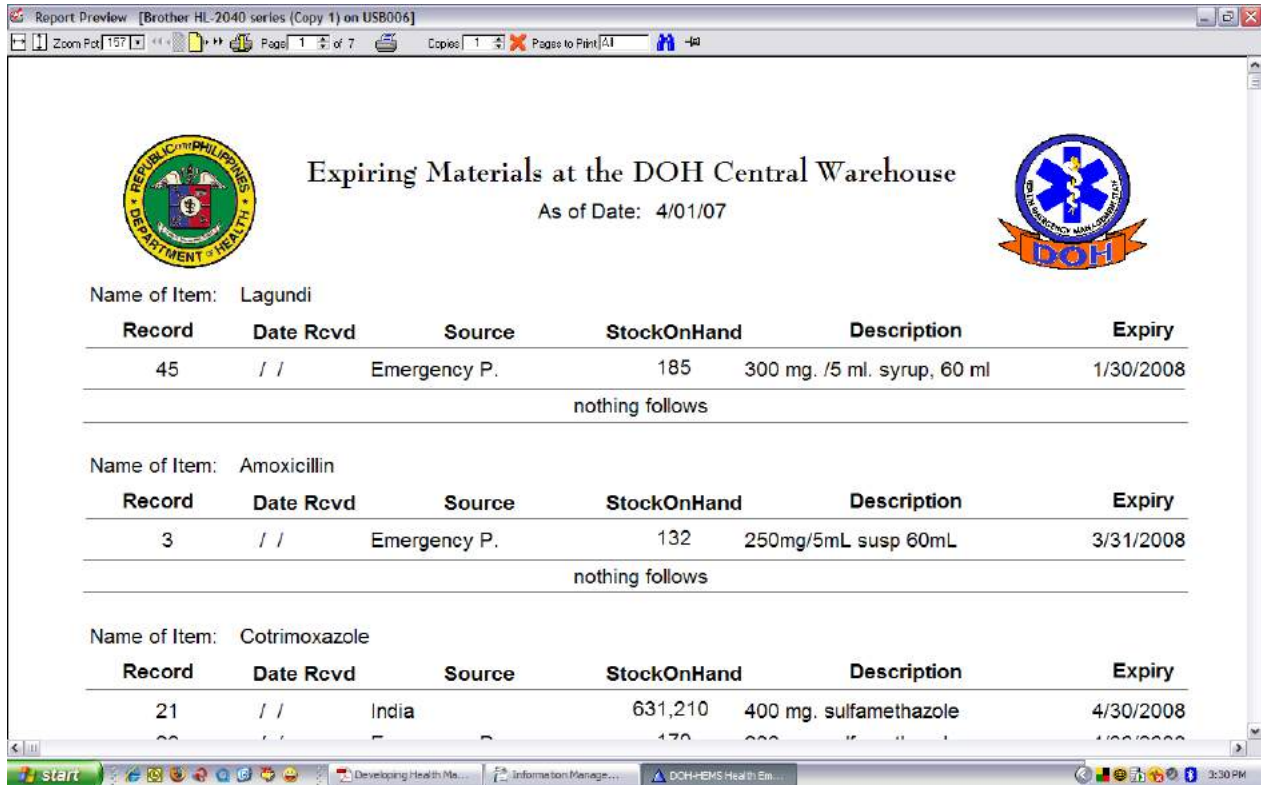
Specify Expiration Date

Starting Date: 1/01/1801

Ending Date: 1/01/1801

Submit Cancel

To print a report for a certain range, specify the dates and click submit. Then click Yes to preview the report. (NOTE: Just clicking submit without changing the default dates will generate a report of all expiring items in the warehouse regardless of the expiration dates.)



Report Preview [Brother HL-2040 series (Copy 1) on USB006]

Zoom: 157% Page: 1 of 7 Copies: 1 Page to Print: All

Expiring Materials at the DOH Central Warehouse
As of Date: 4/01/07

Name of Item: Lagundi

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
45	/ /	Emergency P.	185	300 mg. /5 ml. syrup, 60 ml	1/30/2008
nothing follows					

Name of Item: Amoxicillin

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
3	/ /	Emergency P.	132	250mg/5mL susp 60mL	3/31/2008
nothing follows					

Name of Item: Cotrimoxazole

Record	Date Rcvd	Source	StockOnHand	Description	Expiry
21	/ /	India	631,210	400 mg. sulfamethazole	4/30/2008
22	/ /	India	170	400 mg. sulfamethazole	4/30/2008

The report may be printed by clicking on the printer icon.

G. Exporting Data to a Spreadsheet

1. From the main menu, click Export → Then choose the dataset to be exported → The system may or may not ask to specify a range of dates (i.e. date of issuance or expiration) depending on the dataset being exported. If the system asks to specify the dates, supply the desired range, then click Submit.
2. In the new window that will appear, click New → Then provide a name for the new spreadsheet



3. Click OK → Then select the fields or column headings that should appear on the spreadsheet by clicking on the “Available fields” and “Add” button → If satisfied with the list, click Next, then OK → Double click on the name of the new spreadsheet that will appear on the options for “Spreadsheet Description” → Click OK and the spreadsheet containing the selected fields will be generated.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Date Rcvd	Expiry	Item Lib Rec No	Item Rec No	Packaging Information	Qty Rcvd	Source Category	Source Or Supplier	Unit	Unit Price					
2	4/01/2007	6/30/2008	1	1		3000		Emergency P.	capsule	1.35					
3	4/01/2007	/ /	11	79	box of 1	20	Sample	Sample	unit	1000					
4	4/01/2007	4/30/2009	68	80	10 boxes x 100 tablets	1000	Purchase-Emergency	Mercury Drug	tablet	40					
5															
6															
7															
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9															
10															
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The spreadsheet may then be manipulated, saved to a file or printed.