April 16, 2020

DEPARTMENT MEMORANDUM
No. 2020 - <u>0171</u>

TO: **ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH - BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARMM); EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA, AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS; AND ALL OTHERS CONCERNED**

SUBJECT: **Interim Guidelines on Surge Capacity Management of All Health Facilities during the COVID-19 Pandemic**

I. BACKGROUND

On March 11, 2020, the World Health Organization declared the coronavirus disease 2019 (COVID-19) outbreak as a pandemic. In the Philippines, confirmed cases continue to increase and that enhanced community quarantine measures were enacted to contain the spread of the COVID-19 infections.

Henceforth, the health sector is confronted with the challenges to meet the increasing demand for health services in all levels of health facilities, in both the public and private sector. There is a need to institute responsive strategies and mechanisms that will enable health facilities to meet the increased demand for health services beyond normal working capacity (surge capacity).

II. OBJECTIVES

This shall provide guidance in managing the increasing number of patients brought about by the COVID-19 pandemic in different health facilities by strengthening their surge capacity.

III. SCOPE

These interim guidelines shall cover all health facilities whether government or private.

IV. GENERAL GUIDELINES

A. All efforts must be exerted to ensure the continuous/uninterrupted operations of hospitals and other health care facilities to address the challenges of the COVID-19 pandemic. Hospitals and other health care facilities must remain functional during this emergency.

B. All hospitals must have the surge capacity to address the sudden increase in number and prolonged demand of patients coming in for management and treatment.

C. Enhanced surge capacity of health facility includes providing for increased number of potential patient beds, wider space where patients may be triaged, managed, and decontaminated, increased available personnel of all types, and continuous availability of necessary medications, supplies and equipment, as well as the legal capacity to deliver health care under situations which exceed authorized capacity.

D. The DOH shall designate COVID-19 referral hospitals in selected areas where they shall form part of the network of referral facilities for the management of severe to critical patients. This is detailed in a separate issuance on Interim Guidelines for Health Care Provider Networks during the COVID-19 Pandemic.

E. All health facilities should be able to create a surge capacity plan and introduce innovations that would address the 4'S Framework namely: space/structure, staff, stuff, and special services/system (Adams, 2009).

III. IMPLEMENTING GUIDELINES

A. Activation of the Hospital Emergency Incident Command System (HEICS)

All health facilities shall activate their HEICS to provide command, control, communication and coordination in managing hospital surge capacity. The roles of each officer/staff should be performed accordingly (see Annex A).

B. Assessment/ evaluation of preparedness measures

1. All health facilities shall utilize the Health Facility Preparedness Checklist (Annex B) to evaluate the readiness of the health facility to respond to the needs of the health emergency. This shall serve as input to identify gaps that need to be addressed.

2. All health facilities shall report and update their capacity in accordance with Department Memorandum (DM) No. 2020-0136 *"Interim Guidelines on Harmonized and Daily Health Facility Reporting of COVID-19-Related Essential Resources and Supplies Using the DOH Data Collect Application.*

C. Improving surge capacity to address the increasing demand for health services

1. Management of Surge Capacity by addressing **Space/Structure**:
   a) Establish a pre-identified triage area and system following the latest iteration of the Philippine Society for Microbiology and Infectious Diseases (PSMID) patient algorithm;

b) Identify spaces within the health facility premises to accommodate additional patients and provide additional beds;

c) For health facilities catering to suspect, probable, and confirmed COVID-19 patients, observe DM 2020-0062 as amended, "Guidelines on the Standards of Airborne Infection Isolation Room and Conversion of Private Room and/or Wards into Temporary Isolation Rooms for the Management of Patients Under Investigation for 2019 Novel Coronavirus (nCOV)" in the dedication of rooms for these cases;

d) Create extra spaces by converting other areas into treatment areas or isolation units;

e) Consider setting up of tents, field hospitals, or repurpose buildings, as necessary; and

f) Rationalize hospital functions to create more space by:
   (1) Prioritizing admissions only of patients who are severe or critical in the case of COVID-19 referral hospitals;
   (2) Discharging stable patients and facilitating fast discharge of cases;
   (3) Making arrangements with other hospitals to receive transfer of some patients as contained in a separate issuance on Interim Guidelines for Health Care Provider Networks during the COVID-19 Pandemic; and
   (4) Suspension of elective admissions, surgeries and outpatient services.

2. Management of Surge Capacity by addressing **Staff**:

   a) Observe code red alert sublevel 2 to shift the hospital to emergency mode;

   b) Issue a moratorium for non-essential activities of health facilities such as non-COVID-19 related training or gatherings and suspension of leaves for vacation;

   c) Review and adjust the number of hours for hospital staff involved in the direct provision of care by considering patient load and exposure;

   d) Designate trained personnel to carry out triage;

   e) Determine transition process of administrative staff into assuming clinical duties, as needed;

   f) Ensure the provision for transportation and temporary shelters for healthcare workers, if necessary, by having written agreements with hotels for sleeping arrangement in case hospital dormitory or sleeping quarters are not available;

   g) Provide psychosocial services to health workers as necessary;

   h) Prioritize testing and treatment of health workers; and

   i) Ensure all staff are re-oriented on the hospital's Infection Prevention and Control Program and Procedures for COVID-19 as contained in DM 2020-0035, "Strengthening of Hospital Infection Prevention and Control Measures to Prevent Spread of the Coronavirus".

3. Management of Surge Capacity by addressing **Stuff**:

    a) Conduct emergency procurement for logistics not available in the hospital;

    b) Activate memoranda of agreement with suppliers for FDA-approved essential drugs, supplies, PPEs, testing kits, reagents, etc;

    c) Develop a strategy for acquiring and preparing essential equipment such as mechanical ventilators and suction machines;

    d) Ensure zero stockouts of essential medicines, medical supplies, and equipment related to the management of COVID-19. Increase stockpile of FDA-approved essential drugs, medicines, supplies, PPEs, and provide alternate equipment;

    e) Ensure adequate stocks and rational use of personal protective equipment;

    f) Encourage inter-hospital, inter-agency, and inter-regional sharing of resources. Ensure that mechanisms to obtain assistance from other hospitals in the network are in place;

    g) Source donations from local or international partners;

    h) Improve logistics management systems through:
        i. Special tracking of pre-identified supplies, including PPEs (i.e., gloves, masks, cover-all etc.), medicines, and other commodities;
        ii. Stockpiling of enough consumable resources for the probable duration of the pandemic;
        iii. Pre-determining source/supplier for related resources augmentation; and
        iv. Establishment of warehouses, as necessary by:
            a) Evaluating the need for increased warehouse and supply rooms;
            b) Planning for three (6)-month supply level;
            c) Setting temporary modular storage facilities, as needed; and
            d) Monitoring and checking storage areas regularly.

4. Management of Surge Capacity by addressing **Special Services/Systems**:

    a) Establish clear patient flow/foot traffic for suspect, probable, and confirmed COVID-19 patients and healthcare workers.

    b) Strengthen infection prevention and control procedures of the health facility which includes those indicated in DM 2020-0072, " Interim Guidelines for 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCOV ARD) Response in Hospital and Other Health Facilities".

    c) Strengthen existing partnerships and networks as possible sources of additional supplies, human resources, and the like. Additional human resources from the health network shall be provided with necessary orientation and/or training such as in health facility protocols, prior to deployment.

    d) Establish clear, accurate, and consistent internal and external communication plan.

i. Each facility shall have a communication team, headed by the designated Public Information Officer, which shall:
    1. Identify an appropriate spokesperson;
    2. Establish standard protocols for staff, patients and relatives, external agencies (LGU, DOH, etc), and the general public;
    3. Utilize a variety of communication channels/ means to distribute information; and
    4. Conduct regular evaluation of the effectiveness of these communication tools and plans and adjust these plans accordingly.
e) All health facilities shall ensure effective use of its resources by:
    i. Monitoring key resources such as PPE, medicines, mechanical ventilators, etc.; and
    ii. Daily reporting and monitoring of available beds, logistics, and essential supplies as mandated by DM 2020-0136.
f) Consider strengthening the facility's laboratory service for COVID-19 testing or establish linkage with an accredited COVID-19 testing laboratory.
g) Establish referral system for suspect, probable, and confirmed cases across the different levels of health care facilities

For strict compliance.
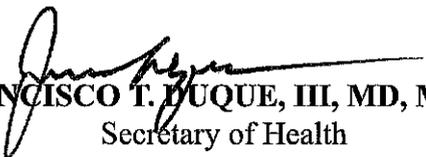
FRANCISCO T. DUQUE, III, MD, MSc
Secretary of Health

5

ANNEX A: HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM (HEICS) ROLES AND RESPONSIBILITIES

Role	Responsibility
Hospital Incident Commander	Provide overall direction in managing the health emergency.
Hospital Liaison Officer	Serve as incident contact person for representatives from other agencies
Hospital Public Information Officer	Provide information and communication plan both internal and external to the hospital
Hospital Safety and Security Officer	Monitor the safety and security of the facility
Hospital Planning Section Chief	Organize and direct all aspects of planning, from an initial action plan to continuing plan as the incident develops.
Hospital Logistics Section Chief	Oversee all logistical requirements needed to support response. Organize and direct the necessary maintenance of the physical environment Facilitate the acquisition of supply and services necessary to carry out the functions of the hospitals
Hospital Finance Section Chief	Monitor the utilization of financial assets and provide administrative support Supervise the documentation of expenditures relevant to the incident

ANNEX B: COVID-19 HEALTH FACILITY PREPAREDNESS CHECKLIST

ACTIVITY	Completed	In Prog ress	To be done	Comments
A. Command and Coordination				
1. Incident Management Team organized and activated				
2. Command Staff, General Staff, Treatment Teams and Support Staff organized and oriented				
3. Contingency plans reviewed and, disseminated				
B. Screening, Triage and Isolation				
1. Areas for screening, triage and isolation are identified and designated				
2. Isolation rooms with functioning negative pressure facilities				
4. Screening personnel designated, trained and provided with appropriate PPE				
5. Screening of all patients for travel or contact history (active or passive screening) at all entry points conducted				
6. Triage/screening checklist developed and available in triage area				
7. Proper triaging of patients to identify suspected cases by asking for signs and symptoms				
8. Patients with symptoms of respiratory infection and other symptomatic persons (e.g., persons accompanying ill patients) are provided with masks				
9. Strict compliance with hand hygiene practices				

10. Soap, water and sink are available and accessible at all patient care areas				
11. Hand hygiene facility available at strategic areas.				
12. Directional signage placed in strategic locations				
13. Annual fit testing for respirators among health care workers				
14. Adequate waiting area for patients and visitors				
C. Clinical Management of Suspected/Confirmed cases				
1. Isolation rooms				
2. Treatment Guidelines or Clinical Pathways are available				
3. Policies /SOPs on contingency plans for staffing, logistics, procurement, security, developed				
4. Medical and Nursing staff on duty have been identified and schedule is available				
5. Health care personnel who will provide patient-care have been medically cleared, fit-tested, and trained for respirator use				
6. Staff have updated influenza vaccination				
7. Mechanical ventilator or other respiratory assistive devices (face mask, nasal cannula) to handle patients with respiratory illness available with updated maintenance certification				
8. Adequate preparation and coordination when transporting patient.				

9. Staff on duty are in appropriate PPEs				
10. Management guidelines, case report forms are available at the nurse's station				
11. Procedures for laboratory submission of specimens available				
12. Plans for visitor restriction developed				
13. Adequate supply of antivirals and antibiotics available				
14. Correct dose of antiviral given				
15. Appropriate antibiotics available for treatment of severe respiratory infection				
16. Supplies for treatment of severely ill patient available (Oxygen mask/cannula, mechanical ventilator)				
D. Transporting patients				
1. Policy/Guidelines on transporting patient developed				
2. Ambulance equipped with emergency kit				
3. SOP on Decontamination of transport vehicle based hospital standard procedures				
E. Risk Communication				
1. Specific persons have been designated within the facility who are responsible for communication with public health officials and dissemination of information to other Health Care Providers (HPC) at the facility				
2. Education and refresher provided to HCP:				

a. Epidemiology of the disease				
b. Specimen collection, packaging and transport for testing				
c. Use of PPE (Donning and Doffing)				
d. Disposal of used PPE and contaminated Waste				
e. Patient Triage and admission protocols				
f. Procedure for unprotected exposure of personnel/staff handling suspect or confirmed cases in the facility				
g. Decontamination procedure and agents used				
F. Systems Check				
1. Table Top Exercise done				
2. Full scale exercise conducted				

Prepared by: _____

Noted by: _____
                     Director/Medical Center Chief

Date: _____

Name of Hospital: _____