Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

March 23, 2020

DEPARTMENT MEMORANDUM
No. 2020 - 0142

TO: **ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO); 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 OTHERS CONCERNED**

SUBJECT: **Interim Guidelines on COVID-19 Referral Hospitals**

I. BACKGROUND

Coronavirus disease 2019 (COVID-19), which is caused by a novel virus called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), was first reported in Wuhan City, China last December 31, 2019. The Philippines recorded its first case of COVID-19 on January 30, 2020 and on the same date, the World Health Organization (WHO) considered it as a Public Health Emergency of International Concern (PHEIC). With the rising number of cases with distribution of the disease to more than 100 countries, the WHO declared COVID-19 disease as a pandemic on March 11, 2020. The following day, the Philippine government, recognizing that this disease poses a public health threat, raised the Code Alert Level to Code Red Sublevel Two. This necessitated the issuance of subsequent guidelines for the effective management and control of the disease including the strategy to strengthen the surge capacity of health facilities in addressing the potential increase in COVID-19 cases.

Regarding case management on a community transmission scenario, the interim guidance on critical preparedness, readiness and response by the World Health Organization (WHO) dated March 7, 2020, recommends designation of referral hospitals as part of the surge plans for health facilities. By designating hospitals that will prioritize the management of COVID-19 severe and critical cases, care and resources can be focused to COVID-19 patients through better infection prevention and control measures, more efficient monitoring of cases and inventory of supplies, more strategic approach for human resources for health, and a maximized facility capacity (i.e. COVID-19 positive wards).

The Department of Health (DOH) hereby issues interim guidelines for the designation of COVID-19 referral hospitals.

II. GENERAL GUIDELINES

A. Selected government and volunteer private hospitals shall be designated as COVID-19 referral hospitals based on the eligibility criteria set by the DOH.

B. The designated COVID-19 referral hospitals shall focus on catering to confirmed COVID-19 cases and PUIs with severe or critical symptoms, with comorbidities, elderly with/ without comorbidities, and/or high-risk pregnant women as indicated in DM 2020-0123, "Interim Guidelines on the Management of Surge Capacity through the Conversion of Public Spaces to Operate as Temporary Treatment and Monitoring Facilities for the Management of Persons Under Investigation and Mild Cases of Coronavirus Disease 2019 (COVID-19)".

C. The Department of Health (DOH) shall provide additional support to the designated COVID-19 referral hospitals which include but are not limited to the prioritization for provision of additional supplies and human resources.

D. Hospitals not designated as COVID-19 referral hospitals may still cater to confirmed COVID-19 patients or PUIs.

E. In accordance with Republic Act No. 10932, also known as the Anti-Hospital Deposit Law, all patients requiring emergency care shall be provided with the necessary and appropriate care, without prejudice by all health facilities. Necessary referral to a different facility shall be facilitated by the originating facility.

III. SPECIFIC GUIDELINES

A. Inclusion Criteria for COVID-19 Hospitals

a. All licensed Level 2 and Level 3 hospitals, whether private or government shall be eligible to become COVID-19 referral hospitals provided that:

   i. It is capable to deliver services to suspected, probable, or confirmed COVID-19 patients, with the availability of human resource, infrastructure, equipment, supplies, transportation and related policies; and

   ii. It can commit to discharge or transfer all admitted stable patients after designation to accommodate confirmed, probable and suspected COVID-19 patients, in coordination with partner facilities.

b. Hospitals catering to special populations and providing specialty care not related to pulmonary and/or infectious diseases which includes Philippine Heart Center, National Kidney Transplant Institute, Philippine Orthopedic Center, National Center for Mental Health, Philippine Children's Medical Center, National Children's Hospital, Dr. Jose Fabella Memorial Hospital, and San Lazaro Hospital shall be the least priority in selecting COVID-19 referral hospitals.

B. Designation Process

a. The DOH shall assess the capacity of the eligible hospital to be designated as COVID Referral Hospital based on service capability seen in Annex A.
b. The DOH shall issue a Department Order for the designation of the identified hospital for DOH-retained Hospitals and a Memorandum of Agreement for Non-DOH Hospitals.

C. Role of the COVID-19 Referral Hospital

COVID-19 Referral Hospitals shall:

a. Prioritize the management of confirmed COVID-19 cases and PUIs with severe or critical symptoms, with comorbidities, elderly with/ without comorbidities, and/or high-risk pregnant women, allowing other hospitals to prioritize other services;
b. Accept referred confirmed COVID-19 patients from other hospitals through appropriate and coordinated transfers;
c. Collect specimens and facilitate testing of patients for COVID-19; and
d. Ensure the adequacy of hospital infrastructure, human resource complement, and essential supplies for COVID-19 cases.

D. Operations of COVID-19 Referral Hospitals

a. All designated COVID-19 Hospitals shall activate its Health Emergency Incident Command System.
b. Designated COVID-19 Hospitals shall plan and execute its Surge Capacity Management (See Annex B).

E. Support from DOH

The DOH shall provide the following support or assistance to the designated COVID-19 referral hospitals:

a. Service Delivery
    i. Prioritize for allocation and distribution of personal protective equipment (PPE) and other essential supplies;
    ii. Provision of assistance in transferring admitted, stable non-COVID-19 patients to other nearby hospitals, in coordination with both the referring and receiving facilities;
    iii. Facilitate regular pick-up of specimens to be sent to facilities capable of testing for COVID-19;
    iv. Provision of additional ambulance for transfer of COVID-19 patients to and from hospitals;
    v. Provision of tents for triage and temporary holding units, as necessary;
    vi. Provision of financial support to provide quality, people-centered care, as necessary; and
    vii. Coordination with appropriate authorities for sufficient and strategic police presence in the hospital vicinity.

b. Human Resources
    i. Prioritize recruitment and deployment of human resources for health (HRH) for augmentation, whether transfer/ detailed personnel or volunteers;
    ii. Provision of housing, transportation and additional support for hospital staff, as necessary;
    iii. Provision of regular stress debriefings for health workers and other hospital staff; and
    iv. Provision of incentives to staff working in COVID-19 referral hospitals.

F. Support from Local Government Unit (LGU)

The LGU shall:

a. Ensure a functional referral network from the different health facilities to the designated COVID-19 referral hospital;
b. Establish temporary facilities accessible to the community for mild cases that require home quarantine to decongest health facilities, which can also serve as step down facilities from the Designated COVID-19 hospitals;
c. Ensure that other government hospitals owned and/or managed by the LGU cater to non-COVID-19 patients and readily accept patients for referral, when necessary;
d. Provide ambulance services to transport patients to the respective health facilities; and
e. Facilitate the provision of financial support to patients, as necessary, in accordance with previous issuances.

All Orders inconsistent with this Order are hereby repealed or amended accordingly.

For your guidance.

FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

Annex A: Recommended Service Capability of COVID-19 Referral Hospitals
The hospitals shall have the following:

	COVID-19 Dedicated Hospital (Level 2 or 3)
Services	• Full range of services from triage to intensive care for severe and critical COVID-19 cases and PUIs • Availability of advanced life support • At least a Basic radiologic facility • At least a Secondary laboratory facility • Testing of cases and PUIs • Regular testing and/or specimen collection for healthcare workers
Human Resources	• Active Infection Control Committee ○ Dedicated Infection Control Nurse/ Disease Surveillance Officer • Intensivist • Pulmonologist • Infectious disease specialist • Intensivist nurses (ICU nurse) • Respiratory therapist • Mechanical ventilator technician • Emergency Room (ER) Team • Wards/ Floors Team • Environmental services personnel/ decontamination team • Laboratory staff
Infrastructure	**Triage/ Emergency room** • Triage and holding area for assessment of patients outside the emergency room with proper ventilation (waiting patients to be separated by 6 feet or more, with easy access to respiratory hygiene and cough etiquette supplies as well as hand washing and toilet facilities) • The following zones shall be identified, a contaminated zone for COVID-positive cases, a potentially contaminated zone for PUIs and a clean zone for other patients and staff. Buffer zones between the contaminated and potentially contaminated areas shall be made available for donning and doffing of PPE • All referred COVID-19-positive patients will have separate entrance from walk-in patients and referred PUIs • Dedicated isolation room in the ER for full assessment of PUIs **Patient Wards/ Isolation Rooms** • Confirmed COVID-19 patients and PUIs shall be separated in different areas. • Cohorting may be done for confirmed cases. Wards must have 1 toilet and bath ratio: 8 patients, with provision of curtains between patients separated not less than 3 feet apart

	• PUIs shall be placed in individual isolation rooms with access to own toilet and bath.
	• Separate inpatient areas for COVID-positive cases and PUIs with adequate ventilation
	  ○ COVID-positive cases
	  ○ Ante-room available for donning and doffing of PPE for all isolation rooms and wards
	• Adequate and properly maintained ventilation system in the entire facility especially in the emergency room, wards and intensive care unit (ICU)
	• Available Intensive Care Units (ICU)
	• Access to a Dialysis unit for COVID-19 cases and PUIs
	• Functional Operation Room / Delivery Room complex for COVID-19 cases and PUIs
	• Capability for video monitoring to reduce face to face encounters (optional)

Equipment	• CT Scan • Mechanical ventilators • Cardiac monitors • Portable x-rays • Pulse oximeters • Blood gas analyzers • Decontamination facilities • Oxygen tanks and ports • Extracorporeal Membrane Oxygenation (ECMO) (optional)
Supplies	Common areas • No touch receptacles for disposals of trash • Alcohol based hand rubs at each entrance and common areas Triage of patients • Complete PPE set for triaging: Impermeable gown, N95 mask, surgical mask, gloves, face shield • Respiratory hygiene and cough etiquette supplies • No touch receptacles for disposals of tissues in waiting rooms and common areas • Signages on signs and symptoms of respiratory infection are posted in triage areas (e.g. ER entrances) Manage severe and critical COVID patients • Complete PPE set for health workers managing PUIs and positive cases: N95 mask, 2 pairs of gloves, 1 pair shoe cover, 1 goggles, 1 impermeable gown, 1 head cap, shoes cap • Dedicated noncritical patient-care equipment to the patient (e.g. Blood Pressure Apparatus, thermometer, etc.)

	Cleaning materials • Sodium hypochlorite (Bleach) • 70% Isopropyl alcohol • Alcohol-based hand rub • Liquid soap • Other liquid and aerosol disinfectant solutions may be used (i.e. Lysol, etc)
Policies	Hospital Infection Prevention and control policies and Human Resource (HR) training: ○ Closing of all routine hospital services (e.g. OPD, Rehab) for non-COVID 19 cases except ER ○ Safe collection of specimen ○ Correct infection control practices and personal protective equipment (PPE) use ○ Triage procedures including patient placement ○ HR sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact) ○ Notification of facility leadership/infection control and RESU of a suspect case soon after arrival ○ Receiving PUIs or COVID-positive cases arriving by ambulance. ○ Movement of patients within the facility ○ Decontamination procedures/protocols of the facility and transport vehicle ○ Referral of patients with mild symptoms, non-elderly, with no comorbidities to temporary treatment and monitoring facility ○ Provide incentives for HRH working
Transportation	• Facilitate transfer of patients to and from the appropriate facility, as necessary according to standards of clinical care • PPE for transport personnel: N95 face mask, gloves and gowns
Reporting	• Report and/or coordinate with PHO/CHO and RESU • Update status of patients to PHO/CHO and RESU • Timely submission of data to DOH regarding available beds, logistics and essential supplies

Annex B: Operational Guidelines for COVID-19 Referral Hospitals

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

1. Designated COVID-19 Referral Hospitals shall designate critical roles and functions related to the Hospital Emergency Incident Command System (HEICS) to include the following:

Title	Function
Hospital Incident Commander	Responsible for providing overall direction and managing the health emergency.
Hospital Liaison Officer	Serves 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

B. Surge Capacity Plan for Structure

1. Identify key spaces or areas dedicated to confirmed and suspected COVID-19 patients including conversion of private wards and spaces following DM 2020-0062, "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)"

2. Set-up tents as necessary for triaging COVID-19 patients or as isolation units.

3. Rationalize function of the hospital to create more space
    a. Prioritize admissions only of patients who are severe or critical.
    b. Discharge stable patients and facilitate fast discharge of cases.
    c. Make arrangements with other hospitals to receive transfer of some patients.
    d. Suspend elective admissions and surgeries

C. Surge Capacity Plan for Staff

1. Suspend all leaves, vacations and training of healthcare workers.

2. Issue a moratorium for non-essential activities of health facilities such as non-COVID-19 related training or gatherings.

3. Review and adjust the number of hours for hospital staff involved in the direct provision of care by considering patient load and exposure.
4. Determine transition process of non-clinical workers (e.g. nurse performing training function) into assuming clinical duties, as needed.

5. 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.

6. Provide psychosocial services to health workers as necessary.

7. Prioritize testing and treatment of health workers.

8. Ensure all staff are re-oriented on the hospital's Infection Prevention and Control Program and Procedures for COVID-19.

D. Surge Capacity Plan for Stuff (Logistics)

1. Conduct emergency procurement for logistics not available in the hospital.
2. Activate memorandum of agreement with suppliers for FDA-approved essential drugs, supplies, PPEs, testing kits, reagents, etc.
3. Develop a strategy for acquiring and preparing essential equipment such as mechanical ventilators and suction machine,
4. Ensure zero stockouts of essential medicines, medical supplies and equipment related to the management of COVID-19.
5. Ensure adequate stocks and rational use of personal protective equipment.
6. Consider establishing additional warehouses to store procured items
7. Encourage inter-hospital, inter-agency, and inter-regional sharing of resources.
8. Source donations from local or international partners.
9. Improve logistics management systems through:

a. Develop special tracking of pre-identified supplies, including PPEs (i.e., gloves, masks, cover-all etc.), medicines, and other commodities.
b. Establish stockpiling of enough consumable resources for the probable duration of the pandemic.
c. Pre-determine source/supplier for related resources augmentation.

10. Establish warehouses, as necessary by:
    a. Evaluating the need for increased warehouse and supply rooms.
    b. Plan for three (3) to four (4)- month supply level
    c. Set temporary modular storage facilities, as needed.
    d. Monitor and check storage areas regularly.

E. Surge Capacity Plan for Systems

1. Establishing a pre-identified triage area and system following the algorithm for triaging Patients Under Investigation (PUIs) as indicated in DM 2020-0108, "Algorithm for triaging patients with possible COVID in Health facilities
2. Establishing clear patient flow/ foot traffic for both confirmed and suspected COVID-19 patients and healthcare workers.
3. Strengthen infection prevention and control procedures of the health facility as indicated in DM 2020-00072, "Interim Guidelines for 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCOV ARD) Response in Hospital and Other Health Facilities,
4. Establishment of clear, accurate and consistent internal and external communication plan
    a. Each designated facility shall create a communications team headed by the designated Public Information Officer based on HEICS. The team shall likewise identify the appropriate spokesperson for external partners.
    b. The communications team shall establish internal and external communication chains and their corresponding standard communication protocols for staff, patients and relatives, external agencies (LGU, DOH etc), and the general public.
    c. The communications team shall utilize a variety of communication channels/ means to distribute information.
    d. The communication team shall conduct a regular evaluation of the effectiveness of these communication tools and plans and adjust their plans accordingly.
5. Designated Health Facilities shall utilize and strengthen existing partnerships and network to ensure continuity of services and address gaps in resources.
    a. Access the available health network of government, non-government agencies, and private sectors for additional resources for supplies, human resources, and the like.
    b. All human resources from the health network shall be provided with necessary orientation and/or training such as health facility protocols, prior to deployment.

F. Each designated health facility shall monitor and report the following to DOH:

1. Key resources such as available beds, PPEs, logistics, essential supplies, mechanical ventilators, HR, etc. through the Field Implementation and Coordination Team and Health Facility Development Bureau; and
2. Reporting of Suspect, Probable, and Confirmed Cases through the Epidemiology Bureau.

Annex C: Personal Protection Management for COVID-19 Disease

Protection Level	Protective Equipment	Scope of Application
Level I protection	• Disposable surgical cap • Disposable surgical mask • Work uniform • Disposable latex gloves or/and disposable isolation clothing if necessary	• Pre-examination triage, general outpatient department
Level II protection	• Disposable surgical cap • Medical protective mask (N95) • Work uniform • Disposable medical protective uniform • Disposable latex gloves • Goggles	• Fever outpatient department • Isolation ward area (including isolated intensive ICU) • Non-respiratory specimen examination of suspected/confirmed patients • Imaging examination of suspected/ confirmed patients • Cleaning of surgical instruments used with suspected/confirmed patients
Level III protection	• Disposable surgical cap • Medical protective mask (N95) • Work uniform • Disposable medical protective uniform • Disposable latex gloves • Full-face respiratory protective devices or powered air-purify ing respirator	• When the staff performs operations such as tracheal intubation, tracheotomy, bronchofibroscope, gastroenterological endoscope, etc., during which, the suspected/confirmed patients may spray or splash respiratory secretions or body fluids/blood • When the staff performs surgery and autopsy for confirmed/suspected patients • When the staff carries out NAT for COVID-19

Notes:

1. All staff at the healthcare facilities must wear medical surgical masks;

2. All staff working in the emergency department, outpatient department of infectious diseases, outpatient department of respiratory care, department of stomatology or endoscopic examination room (such as gastrointestinal endoscopy, bronchofibroscopy, laryngoscopy, etc.) must upgrade their surgical masks to medical protective masks (N95) based on Level I protection;

3. Staff must wear a protective face screen based on Level II protection while collecting respiratory specimens from suspected/confirmed patients.