DEPARTMENT: Engineering and General Services Division		**POLICY NUMBER:** DPOTMH-APP-SAFE-P001 (01)	
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PURPOSE:

1 To establish a comprehensive Emergency and Disaster Preparedness Plan and ensure comprehensive system to save lives, protect health and safety, and reduce vulnerability within the hospital facilities and patient care areas.

2 To ensure the level of preparedness and response to any emergency and disaster necessary for a continuous operation and provision of hospital services in the event of emergency and disaster.

DEFINITIONS:

Capacity – refers to the total resources, skills, infrastructure, and organizational strengths that the Hospital can mobilize to prepare for, respond to, and recover from emergencies or disasters.

Command and Control – refers to the structured decision-making system responsible for activating, directing, coordinating, adapting, and ultimately terminating the Hospital Emergency Response Plan (HERP).

Contingency Planning – refers to the proactive process of analyzing potential threats—whether specific, categorical, or all-hazard—that may impact health services or hospital operations. It involves developing organized and coordinated response strategies, clearly defining roles, responsibilities, resources, communication processes, and operational procedures to ensure a timely, effective, and appropriate response during emergencies.

Critical Event – refers to any situation in which the Hospital is unable to provide care in the usual manner or meet accepted standards due to a significant mismatch between available resources (such as staff, supplies, or infrastructure) and the demand for care (such as a surge in patients). A critical event necessitates the activation of contingency measures to manage the situation and ensure continued delivery of essential health services.

Disaster – refers to any event or series of events that causes significant disruption to a community's infrastructure, resulting in substantial human, material, economic, or environmental losses. In the context of hospital emergency preparedness, a disaster exceeds the capacity of the affected community and its healthcare facilities to manage the situation using existing resources, thereby requiring external support and coordinated emergency response.

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Emergency – refers to a sudden, often unexpected event that poses an immediate threat to health, safety, or hospital operations, requiring urgent actions to prevent further harm, mitigate impact, and ensure the continuity of essential healthcare services.

Emergency Response Plan – refers to a documented set of procedures that outlines how a hospital will respond to various emergency situations. It provides clear guidance for immediate actions, coordination, resource management, and recovery efforts, with the goal of minimizing harm, ensuring safety, and maintaining critical healthcare services during and after an emergency event.

Incident Action Plan (IAP) – refers to a formal document used during the response phase of an emergency that guides the operational activities of the Hospital Incident Command System (HICS). It outlines the overall incident objectives, response strategies, specific tactical actions, and key supporting information needed to ensure coordinated efforts and successful achievement of response goals.

Incident Command Group (ICG) – refers to the multidisciplinary leadership team within the Hospital Incident Command System (HICS) that provides overall direction, technical oversight, and decision-making during emergencies. The ICG is responsible for coordinating the hospital's entire response, approving all action, response, and mitigation plans, and serving as the central authority for all crisis management activities and decisions.

Incident Command System – refers to the standardized command and control framework used in hospital emergency management. It integrates facilities, equipment, personnel, procedures, and communication systems into a unified organizational structure. The ICS is designed to support efficient coordination, resource management, and decision-making during emergency incidents within the Hospital.

Mass Causality – refers to an event that results in a large number of injured or affected individuals, overwhelming the Hospital's or local healthcare system's capacity to provide timely and effective care. It creates a surge in demand that far exceeds available resources, personnel, and infrastructure within a short period, requiring the activation of emergency response protocols.

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Mutual-Aid Agreement – refers to a formal arrangement between hospitals, agencies, organizations, or jurisdictions that enables the rapid sharing of emergency resources such as personnel, equipment, supplies, and services. Its primary purpose is to support timely, short-term assistance before, during, or after an incident when a hospital's own resources are insufficient to meet emergency demands.

Pandemic – Signifies a widespread and severe outbreak that crosses international borders, affecting a very large number of people worldwide

Patient Surge – refers to the situation in which the number of patients requiring medical care exceeds the hospital's normal capacity. It refers to the hospital's ability to rapidly expand services to provide adequate evaluation, treatment, and care during emergencies or disasters that overwhelm the existing healthcare infrastructure.

Policy – refers to a formally advocated statement or understanding adopted to direct a course of action, including planning, command and control, preparedness, mitigation, response and recovery.

Preparedness – refers to the knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent, or current hazardous events or conditions.

Recovery – refers to the restoration or improvement of the functions of a facility affected by a critical event or disaster through decisions and action taken after the event.

Resources – refers to the personnel, finances, facilities, and major equipment and supply items available or potentially available for assignment to incident operations.

Response – refers to the provision of emergency services and public assistance during or immediately after a disaster to save lives, reduce health impacts, ensure public safety, and meet the basic subsistence needs of the people affected.

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Risk Assessment – refers to the methodology for determining the nature and extent of risk, which involves analyzing potential hazards and evaluating their impact in the context of existing conditions of vulnerability that, together, could harm exposed people, property, services, livelihoods, and the environment on which they depend.

Standard Operating Procedure – refers to a complete reference document or operations manual that describes the purpose of a preferred method of performing a single function or a number of interrelated functions in a uniform manner and provides information about the duration of the operation, the authorities of those involved and other relevant details.

Surge Capacity – refers to the ability of a health service to expand beyond normal capacity to meet an increased demand for clinical care.

Triage – refers to the process of categorizing and prioritizing patients with the aim of providing the best care to as many patients as possible with the available resources.

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ABBREVIATIONS:

HERP (Health Emergency Response Plan) – refers to a structured set of procedures and actions to be implemented during or after a health emergency, aimed at saving lives, minimizing health impacts, and ensuring the continuity of essential health services.

HICS (Hospital Incident Command System) – refers to standardized system of command and control used within the hospital's organizational structure to manage emergency incidents. It integrates facilities, equipment, personnel, procedures, and communication to coordinate and effectively manage resources during emergencies.

IC (Incident Commander) – refers to the designated person responsible for leading the Hospital's response during emergencies. The IC conducts the initial assessment of the situation and determines the appropriate level of activation of the Hospital Emergency Response Plan (HERP). The role is automatically activated whenever a hospital emergency is declared—24 hours a day, including weekends, holidays, and off-hours. The IC oversees and manages all aspects of the incident within the hospital.

MCI (Mass Casualty Incident) – An incident where the number of patients exceeds the amount of healthcare resources available.

RESPONSIBILITY:

Management, Division, Department, and Section Heads, Employees and Staff, RMCI Hospital Incident Command Organization

POLICY:

The Riverside Medical Center, Inc. (RMCI) is committed to ensuring the safety of its patients, staff, visitors, and the continuity of essential healthcare services during emergencies and disasters. The Hospital Emergency and Disaster Preparedness Plan provide a comprehensive and coordinated framework for anticipating, responding to, and recovering from all types of emergencies, whether natural, technological, biological, or human-induced.

This policy establishes the Hospital's intent to always maintain a state of readiness through structured planning, regular training, effective resource management, and collaboration with local and national response agencies. The plan is guided by principles of risk reduction, rapid response, critical incident management, and patient-centered care.

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The RMCI shall activate appropriate emergency protocols under the direction of the Incident Commander and in accordance with the Hospital Incident Command System (HICS), ensuring timely and coordinated actions. All departments and personnel are required to understand and fulfill their roles and responsibilities as outlined in the Emergency Preparedness Plan.
Through this policy, the RMCI reaffirms its duty to protect life, preserve healthcare infrastructure, and support community resilience during times of crisis.

I ROLE OF HOSPITALS IN DISASTER AND MASS CASUALTY INCIDENT

Hospitals are a critical component of the healthcare infrastructure, with the primary responsibility of saving lives and delivering continuous, 24/7 emergency care. In times of disaster or mass casualty incidents, hospitals are perceived by the public as essential sources of medical support, providing immediate diagnosis and treatment, and ongoing physical and psychological care.

As frontline institutions, hospitals are expected to respond rapidly and effectively when disasters strike. They play a fundamental role in stabilizing patients, managing surges in casualties, and ensuring continuity of care, making them indispensable in any emergency response system.

II GENERAL PROVISIONS

II.1 The **Riverside Medical Center, Inc. (RMCI)** maintains a comprehensive **Disaster Plan** that:

- Automatically activates upon the occurrence of a disaster.
- Is managed by trained and authorized personnel familiar with their designated roles.
- Utilizes a **color-coded system** to indicate the scale of the incident, area of responsibility, and severity of injuries.
- Is regularly reviewed, tested, and updated to ensure effectiveness.
- Applies to both **internal** and **external** disasters.

II.2 **In normal conditions**, priority is given to the **most critically injured or ill patients**.

II.3 **During disaster situations**, priority shifts to treating **patients who are most likely to survive** with immediate care (salvageable patients).

II.4 **In resource-limited scenarios**, the allocation of supplies (e.g., IV fluids, blood, medications) is managed to maximize the number of lives saved.

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III POSSIBLE TYPES OF DISASTERS

TYPE OF DISASTER	CLASSIFICATION
Natural Disaster	Geophysical (earthquake, landslides, tsunami, volcanic eruption)
	Hydrological (heavy rain, flash flood)
	Metrological (cyclone, storm surge, tornado, wind, lightning)
	Biological (Epidemics and/or Pandemics Outbreaks: viral, bacterial, parasitic, fungal, infections and insect infestations)
Man-Made Disaster	Vehicular or transportation accidents
	Terrorist activities, bomb threats, and explosions
	Hazardous materials releases
	Water outage
	Power outage or total blackout
	Air-conditioned or ventilation outage
	Information system failure
	Other resource shortages that threaten life and health, disrupt operations, or overwhelm the Hospital's systems

IV CONDITIONS FOR DECLARING A DISASTER IN THE HOSPITAL

A hospital disaster is declared when operational capacity is significantly compromised due to internal system failure or external emergencies.

The declaration initiates activation of the **Hospital Emergency Response Plan (HERP)** and the **Hospital Incident Command System (HICS)**. Disaster status may be declared under any of the following conditions:

IV.1 **Natural or Man-Made Disasters** – The operations and functionality of any one of the Hospital's buildings is affected by any of the above disasters.

IV.2 **Prolonged Power Outage** – The Hospital operates on standby power for more than five (5) consecutive days, jeopardizing patient care and critical systems.

IV.3 **Water Supply Disruption** – There is a water shortage, or a main hospital water pump is out of service for more than five (5) consecutive days, affecting hygiene, sterilization, and overall hospital operations.

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IV.4 **Air-Conditioning Failure** – Both centralized chilled water air-conditioning systems are non-operational for more than three (3) consecutive days, risking patient safety in temperature-sensitive areas.

IV.5 **Mass Casualty Incident** –A sudden, high influx of patients exceeds the Emergency Room's triage and treatment capacity, triggering activation of ER disaster triage protocols.

In such cases, the **Safety Officer** conducts a rapid risk assessment and relay findings to the **Engineering and General Services Division (EGSD) Head** (**Logistics Section Chief** of the HICS). The **EGSD Head** then notifies the **President and CEO** (**Incident Commander**) and recommend that a Disaster has occurred.

The **President and CEO** (**Incident Commander**) determines the necessity of convening the Hospital Incident Command Group and declaring an official disaster status.

V WHAT CONSTITUTES A DISASTER OR A MASS CASUALTY INCIDENT IN HEALTH CARE

A hospital disaster or MCI occurs when patient volume or system disruption overwhelms the Hospital's normal operational capacity, requiring emergency protocols, resource augmentation, and contingency measures.

This situation typically involves:

- *sudden patient surges beyond available resources*;
- *compromised infrastructure or staffing*; or
- *need for temporary suspension or modification of normal hospital services.*

Disaster declarations are based on a combination of casualty volume, severity of cases, and impact on hospital operations, as detailed below:

V.2 Based on the Number of Casualties (Quantitative Thresholds).

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Two Key Indicators to Assess Hospital Capacity to Respond to Emergencies:

- **Hospital Treatment Capacity (HTC):**
  - Number of patients that can be treated per hour, typically **3% of total bed capacity**.
- **Hospital Surgical Capacity (HSC):**
  - Number of critically injured patients that can undergo surgery within **12 hours**, calculated as:

HSC = Number of Operating Rooms × 7 × 0.25 surgeries per 12 hours

Incident Categorization by Patient Volume:

Category 1: Up to 20 patients from a single event
Category 2: 21 to 50 patients
Category 3: More than 50 patients

Note: *The Hospital may adjust these thresholds based on historical data and institutional experience.*

V.3 Based on Type of Casualties (Clinical Severity)

Category A – Critical Patients: Life-threatening conditions such as severe head trauma, chest or abdominal injuries, and major fractures with heavy bleeding. Immediate resuscitation required; up to 10% may be non-survivable.

Category B – Serious but Stable Patients: Polytrauma without massive blood loss, such as limb fractures, facial or spinal injuries. Urgent care needed, but not immediately life-threatening.

Category C – Walking Wounded: Patients with minor injuries, lacerations, or closed fractures. Require outpatient care, wound dressing, or basic orthopedic intervention.

V.4 Based on Operational Disruption (Plan Activation Class)

Class A: Plan implementation causes no disruption to normal hospital operations. Resources are sufficient, and routine services continue.

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Class B: Plan is implemented with minor disruption requiring some service adjustments. May escalate to Class C if casualty volume increases.

Class C: Plan causes significant disruption to routine services. Major changes in duty schedules, inpatient services, laboratory and surgical operations, and logistics are required. This level involves full mobilization of the emergency response system.

VI COMPONENTS OF DISASTER PREPAREDNESS

To help address such emergencies and disasters, the Hospital integrates an **Emergency and Disaster Preparedness Plan**. The components of disaster preparedness refer to the essential elements that organizations, especially hospitals and healthcare facilities, must develop and maintain to effectively anticipate, respond to, and recover from emergencies or disasters.

VI.1 **Risk Assessment and Hazard Identification** – refers to the process of identifying potential internal and external hazards (e.g., earthquake, fire, pandemics, mass casualty incidents), evaluate the likelihood and impact of each risk, and prioritizing planning efforts based on threat levels.

VI.2 **Emergency Operations Plan (EOP)** – refers to a comprehensive written plan outlining procedures before, during, and after a disaster, which includes all-hazards response strategies and aligns with local, regional, and national emergency frameworks.

VI.3 **Hospital Incident Command System (HICS) or Command and Control** – refers to a a well-functioning command-and-control system that establishes a standardized chain of command and roles, assigns specific responsibilities (e.g., Incident Commander, Safety Officer), and enables structured and coordinated response. (See *C. Functional Roles of Hospital Emergency Incident Command System (HICS)* below)

VI.4 **Patient Care and Clinical Management Protocols** – refers to the effective clinical management during emergencies, which includes established triage procedures for mass casualty incidents, ensuring continuity of care for vulnerable populations (e.g., dialysis, ICU, neonates), and enforcing infection prevention and isolation protocols.

- A functional triage system is critical when serious injuries exceed 10 patients in a short time or during simultaneous arrivals in the Emergency Services Department, triggering the triage emergency response by the ER Head.

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- Surge capacity planning, which enables the hospital to expand beyond normal operations to meet increased clinical demand, is also a key component of disaster response.

VI.5 **Communication Systems** – refers to the clear, accurate, and timely communication, essential for effective decision-making, coordination, and public awareness during emergencies. This includes established internal and external communication protocols, the use of emergency tools (e.g., radios, satellite phones, hotlines), and reliable messaging systems for staff, patients, families, and the media.

VI.6 **Evacuation and Shelter-in-Place Plans** – refers to plans that outline procedures for full or partial evacuation, including vertical and horizontal patient movement strategies, and the identification of designated shelter areas within the facility to ensure patient and staff safety during emergencies.

VI.7 **Safety and Security** – refers to the well-established safety and security procedures, vital to protect patients, staff, and assets, ensuring the continuity of hospital operations and effective incident response during disasters.

VI.8 **Continuity of Operations, Continuity of Essential Service, or Business Continuity Plan** – refers to the plan that ensures that essential hospital functions (such as emergency care, surgeries, and maternal and child services) continue despite disruptions. It includes business continuity planning, backup systems for data, utilities, and communications, as well as succession planning and relocation strategies to maintain operations alongside emergency response efforts.

VI.9 **Staffing and Human Resource Plans** – refers to the effective management of human resources and manpower to ensures sufficient staff capacity and operational continuity during emergencies. This includes surge staffing models (e.g., extended shifts, cross-training), reliable staff notification systems (e.g., SMS blasts, call trees), and provisions for staff safety, food, lodging, and transportation during prolonged incidents.

VI.10 **Training and Exercises** – refers to the conduct of regular drills and simulation exercises (e.g., fire, code blue, mass casualty), tabletop exercises for leadership and command staff, and competency validation for emergency roles.

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PROPOSED TRAINING SCHEDULE	NO. OF TRAININGS	NO. OF PARTICIPANTS	FREQUENCY
Fire Brigade Training	40 Hrs.	30-40	Once a year
Hospital-wide Fire Drills	4 hrs.	All Employees	Twice a year
Hospital-wide Safety Orientations/Re-Orientations	1 hr.	All Employees	Monthly for new hires/Annually for all staff
Hospital Safety and Security Preparedness	2	All Employees	Quarterly
Local/ProvincialDisaster Risk Reduction and Management Office (LDRRMO) Emergency and Disaster Training	24 hrs.	30-40	Once a year
Tabulated summary of active employees trained for emergency and disaster program			

VI.11 **Logistics and Supply Management (Resource Management)** – refers to the continuity of the hospital's supply chain during disasters, which requires proactive planning. This includes maintaining inventories of critical supplies (e.g., medications, PPE, equipment), securing backup systems (e.g., generators, water), establishing resource-sharing agreements with business, medical, regulatory partners, and preparing for surge capacity to meet increased demands.

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The Committee through the **LOGISTICS SECTION** maintains an adequate stockpile of essential supplies—such as medications, food, water, fuel, and medical equipment—that can sustain operations during prolonged disaster situations. Regular inventory checks and rotation of supplies are conducted to ensure readiness and quality.

In the event of exceeding emergency, the Hospital provides adequate requirement on the following supplies:

SUPPLY	SUSCEPTIBILITY
Medication & Medical Supplies	One (1) month
Food	Three (3) days
Water	Two (2) units or pumps (ground source)
Medical Equipment	Sufficient, available
Standby Power	Five (5) generator sets (twice of present load)
Fuel Supply	Five (5) days

VI.12 **Community Coordination and Partnerships** – refers to the active collaboration with local government units (LGUs), the Department of Health (DOH), Emergency Medical Services (EMS), police, fire departments, and NGOs, as well as participation in regional disaster networks or coalitions to ensure a coordinated and effective emergency response.

VI.13 **Recovery and After-Action Review** – refers to the steps taken to restore normal hospital operations, provide psychological support to staff and patients, and conduct a thorough evaluation of the response through After Action Reports (AARs) to identify lessons learned and areas for improvement.

VII FORMATION OF RMCI EMERGENCY AND DISASTER PLANNING COMMITTEE

The **RMCI Emergency and Disaster Committee** is established to oversee the Hospital's preparedness, response, and coordination efforts in times of emergencies and disasters. Its core functions is formulate the Emergency & Disaster Management Plan, fire safety initiatives, developing safety protocols, collaborating with other hospital committees and government agencies, and ensuring timely and effective response to incidents. The committee also provides regular updates to management on safety concerns, recommends emergency-related policies, and convenes promptly during critical situations to safeguard hospital operations and personnel.

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COMMITTEE ROLE	DESIGNATION
Chair:	Engineering & General Services Head
Co-Chair:	Safety Officer
Secretary:	Human Resource
Members:	
	Nursing Services Division Head [Planning Role]
	Logistics Division Head
	Infection & Prevention Control Unit (IPCU) Unit Head [Planning Role]
	Health Emergency Response Team (HERT) Head [Planning Role]
Other RMCI HICS members will be called as necessary.	

VII.1 **Purpose and Functions:**

- To formulate plans and program that will ensure the Preparedness, Response and Restore function of the Hospital during Emergency and Disaster.
- To coordinate with other hospital committees on safety matters.
- To coordinate with the different government agencies whenever necessary like BFP, DOLE, DOH, City Health, Mayor's Office, Police Department, etc.
- To respond to any emergency and disaster that may occur.
- To update the management on relevant safety concerns that may tend to endanger the hospital and the people in it.
- To recommend to the management the issuance of emergency-related circulars.
- To convene in times of emergency.

VII.2 **Team Category:** Standing Committee

VII.3 **Meeting Policy**

- Meeting Frequency. The committee will meet quarterly or more frequently as needed.
- Quorum. The Committee shall not be considered functional unless 50% of members (quorum) plus the Chairman is present.

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- Manner of Action. Majority
- Agenda. The agenda will be drawn up and circulated at least three working days before scheduled meeting. The agenda will contain:
  - Title of the Meeting
  - Date and Time of the Meeting
  - Place of the Meeting
  - Review of Previous Meeting Minutes (Minutes Is to Be Distributed 3 Days Prior to The Next Meeting)
  - New Items
    - 1.a Agenda
    - 1.b Recommendations / Action to be taken
    - 1.c Action Plan
      - 1.c.1 Person Responsible
      - 1.c.2 Resources
      - 1.c.3 Time Frame
      - 1.c.4 Status

VII.4 **Progress Report**

A Committee Recommendation Form shall be prepared by the secretary every end of meeting detailing the project plan accomplishment, obstacle, planned activities, and recommendations to the President & CEO and Management Committee (ManCom) of the Hospital

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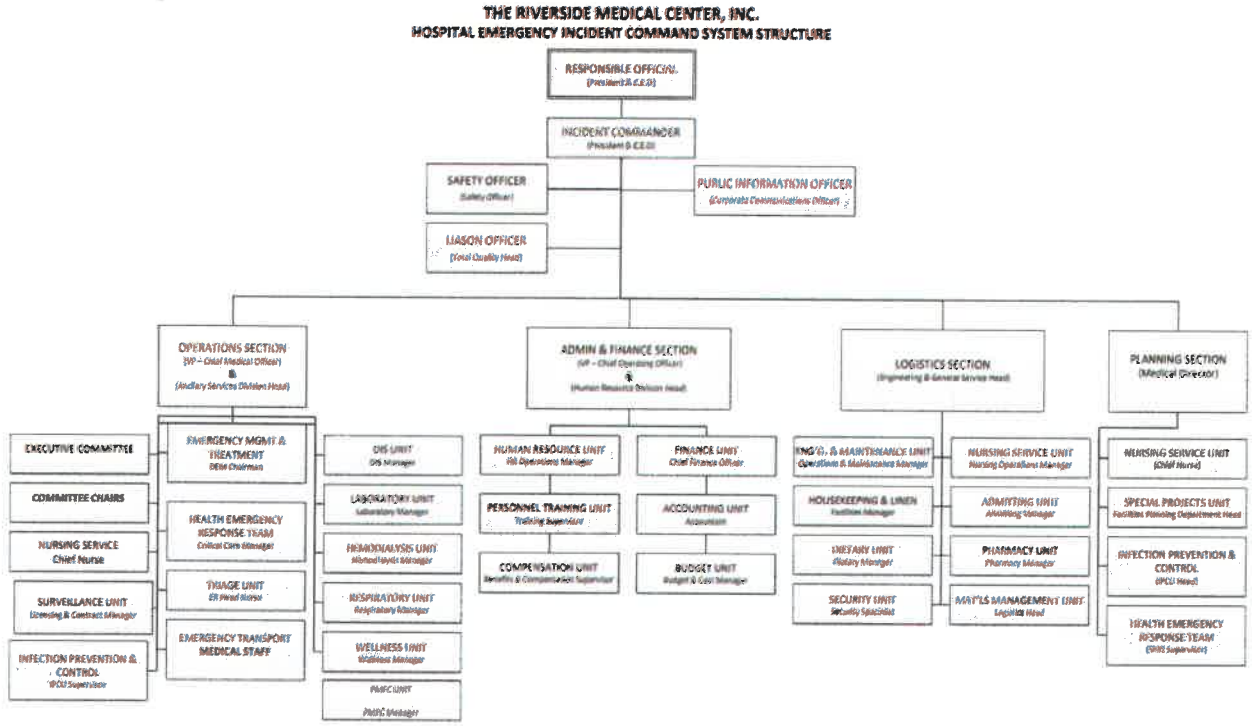
VIII FORMATION OF HOSPITAL INCIDENT COMMAND SYSTEM

VIII.1 Organizational Structure of the Hospital Command System



VIII.2 Functional Roles of Hospital Emergency Incident Command System (HICS)

Hospital Incident Commander (IC)

- Serves as the Overall Authority and Direction
- Provides overall leadership during emergencies and ensures effective hospital response and recovery.
- Conducts initial assessment in coordination with the **Safety Officer** and activate the **Hospital Emergency Response Plan** (HERP) as needed.
- Establishes the Incident Command Post (ICP) and activates the HICS.
- Directs all response activities from the Emergency Operations Center (EOC).

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- Sets strategies and operational periods and approves the Incident Action Plan (IAP) prepared by the **PLANNING SECTION**.
- Coordinates with internal units (through the **Public Information Officer, Section Chiefs**, and **Unit Heads**) and external agencies (through the **Liaison Officer**).
- Oversee safety, communication, and resource management through the different HICS Sections.
- Delegates the roles of **Public Information Officer**, **Safety Officer**, and **Liaison Officer** (Certain functions may also be delegated to the Incident Command Group).
- Leads demobilization and recovery operations.

Safety Officer: Ensures Safety of Incident Operations

- Monitors hospital response operations to identify and correct hazardous and unsafe situations.
- Ensures implementation of safety measures and procedures.
- Recommends the stopping or modification of any operations that pose a threat.
- Advises the Incident Commander on safety issues.
- Coordinates with the Infection Prevention and Control, Engineering, and Security Units for environmental risks.
- Assists in ensuring staff use appropriate personal protective equipment (PPE), through the respective Units.
- Coordinates immediate emergency response from local and external authorities.

Public Information Officer (PIO): Manages Internal and External Communications

- Coordinates information sharing inside and outside the Hospital (media control and public announcement), as the designated point of contact for internal personnel and external stakeholders.
- Develops and releases information to the media, staff, patients, and public.
- Coordinates all press briefings, interviews, and official statements.
- Ensures consistent, accurate, and timely dissemination of information.
- Monitors media and social media coverage and correct misinformation.
- Collaborates with community partners and government PR offices.
- Prepares patient and family messaging as needed.

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Liaison Officer: Coordinates with External Agencies

- Serves as the point of contact for supporting agencies (e.g., LGUs, DOH, fire, police, Red Cross) during incident response.
- Maintains communication with outside responders and stakeholders.
- Facilitates the sharing of situational information and resource needs.
- Ensures that cooperating agencies are informed of the Hospital's status and needs.
- May coordinate with **Incident Commanders** at other facilities for regional response.
- Provides documentation and recording of incidents.
- May be assigned to the **Emergency Operations Center** (EOC).

Operations Section Chief: Implements the incident action plan by coordinating direct services and tactical operations for patient care and emergency response.

- Reports to the **Incident Commander**.
- Oversees all operational units.
- Helps develop and coordinate implementation of strategic objectives.
- Ensures adequate staffing and resource deployment across all clinical and support units.
- Maintains situational awareness and reports updates to **IC**.

Nursing Services Unit [Operations Role]

- Coordinates inpatient and outpatient nursing care during emergencies.
- Mobilizes nursing staff to priority areas (e.g., ER, ICU, wards).
- Ensures safe patient handling, infection control, and continuity of care.

Surveillance Unit

- Conducts real-time data monitoring and situational tracking (e.g., case counts, injuries, mortality).
- Reports epidemiologic trends to **IC** and **IPC Unit**.
- Assists in disease outbreak detection and control.

Infection Prevention and Control (IPC) Unit [Operations Role]

- Implements infection control protocols and isolation procedures.
- Advises on PPE use, sanitation, and decontamination.
- Works closely with **Safety Officer, Facilities Unit** (Housekeeping, Linen, Medical Waste Management), and **Nursing Services Unit**.

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Emergency Management and Treatment Unit

- Manages the Emergency Services Department's response in the delivery of emergency, inpatient, outpatient, casualty care, and clinical support services (critical or non-critical care).
- Organizes trauma bays, acute care, and stabilization areas.
- Coordinates medical interventions for mass casualty or surge events.

Health Emergency Response Team Unit (HERT) [Operations Role]

- Serves as the specialized multidisciplinary team deployed for disaster response.
- May assist in triage, rescue, on-site interventions, and mobile response.
- Coordinates with external emergency services.

Triage Unit

- Conducts initial assessment and categorization of incoming patients.
- Applies color-coded triage tags (e.g., red, yellow, green, black).
- Prioritize treatment based on severity and resource availability.

Emergency Transport Unit

- Coordinates movement of patients within and outside the hospital.
- Oversees ambulance services, wheelchair or bed transport, and medevac (if applicable).
- Ensures infection control and continuity of care during transport.

Department of Imaging Sciences (DIS) Unit – Ancillary Services

- Provides radiological and diagnostic imaging support (e.g., X-ray, CT, ultrasound).
- Prioritizes imaging for trauma and critical cases.
- Coordinates with ER and surgical teams for rapid diagnostics.

Laboratory Unit – Ancillary Services

- Ensures timely processing of essential diagnostic tests (e.g., blood typing, infection screening).
- Supports **Surveillance** and **IPC Units** with lab confirmations.
- Manages surge in testing demands during outbreaks or mass casualty.

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Hemodialysis Unit – Ancillary Services

- Ensures continuity of care for dialysis-dependent patients.
- Assesses and adjusts dialysis schedules in emergencies.
- Coordinates evacuation or referral if unit becomes inoperable.

Respiratory Therapy Services (RTS) Unit – Ancillary Services

- Manages ventilators, oxygen delivery, and respiratory support services.
- Assists in the care of patients with respiratory compromise, including COVID or chemical exposure.
- Supports ICU and ER with airway management.

Wellness Unit – Ancillary Services

- Provides basic primary care, outpatient checkups, and health maintenance.
- Offers psychological first aid and emotional support, if integrated.
- May serve non-critical patients to reduce ER congestion.
- May function as the designated Patient-Family Assistance, in coordination with the Hospital's Patient Experience, to provide debriefing and psychological support among affected patients, families, and staff.

Physical Medicine and Fitness Center Unit – Ancillary Services

- Provides rehabilitation and physical therapy for post-trauma patients.
- May assist with mobility aid distribution and injury recovery.
- Supports staff wellness and fatigue recovery during prolonged incidents.

Admin and Finance Section Chief: Manages administrative, personnel, and financial support during an emergency. Ensures proper documentation, resource tracking, and continuity of hospital business operations.

- Reports to the **Incident Commander**.
- Oversees all financial, HR, and administrative units.
- Tracks and manages expenditures related to the emergency.
- Maintains accurate records for potential reimbursement and auditing.
- Coordinates with government agencies and external funders for emergency support.
- Ensures continuity of payroll and administrative functions.

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Human Resources Unit

- Manages deployment and tracking of hospital personnel during emergencies.
- Ensures adequate staffing and oversees reassignments or surge workforce needs.
- Coordinates wellness, rest periods, and support services for staff.
- Maintains personnel records and attendance documentation.

Personnel Training Unit

- Facilitates just-in-time training and orientation for emergency procedures.
- Ensures newly assigned or re-tasked staff receive necessary briefings (e.g., PPE use, disaster roles).
- Coordinates drills, competency validation, and documentation, in coordination with the **Safety Officer**.

Compensation Unit

- Ensures accurate and timely payment of hazard pay, overtime, and allowances.
- Tracks staff duty hours, leaves, and special pay arrangements.
- Coordinates with HR and payroll to maintain continuity of compensation policies.

Finance Unit

- Handles all financial transactions related to the emergency.
- Prepares financial reports, tracks expenses, and supports audits.
- Ensures procurement aligns with approved emergency budgets.

Accounting Unit

- Records and reconciles financial transactions during the incident.
- Maintains books of accounts and ensures fund disbursements are documented.
- Supports claims processing and reimbursement filing (e.g., to PhilHealth or insurance).

Budget Unit

- Manages allocation and reallocation of funds for emergency operations.
- Prepares budget forecasts and cost analysis for the incident response.
- Coordinates with **Finance and Admin Section Chief** for resource prioritization.

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Logistics Section Chief: Provides support services and ensures the availability of resources (personnel, supplies, equipment, and facilities) needed to sustain hospital operations during an emergency.

- Reports to the **Incident Commander**.
- Coordinates procurement, maintenance, transport, food, water, medical supplies, and infrastructure support.
- Ensure uninterrupted facility operations and essential services.
- Works closely with **OPERATIONS** and **ADMIN AND FINANCE SECTIONS** to anticipate and meet supply and facility needs.

Engineering and Maintenance Unit

- Organizes and manages the services required to sustain and repair the Hospital's infrastructure operations, including power/ lighting, water/sewer, HVAC, buildings and grounds, medical gases, medical devices, structural integrity, environmental services, and food services.
- Ensures continuous utility operations (power, water, HVAC, medical gas).
- Responds to facility damage or hazards during the incident.
- Conducts emergency repairs and supports safe infrastructure function.
- Assists in converting spaces into temporary care or triage areas.

Facilities Unit

- Manages space allocation, cleanliness, and environmental controls.
- Supports patient flow by adapting facility layout during surge events.
- Coordinates room turnover, decontamination, and isolation room setup.

Security Unit

- Maintains safety and order within the Hospital premises.
- Controls access points, manages crowd control, and protects staff, patients, and resources.
- Assists in patient and family escort, property protection, and coordination with law enforcement.

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Dietary Unit

- Provides nutritious meals for patients, staff, and potential evacuees or responders.
- Ensure sufficiency of food supply and food service during disrupted supply or mass feeding situations.
- Ensure hygiene and safety in food preparation and distribution.

Admitting Unit

- Manage patient registration, ID tagging, and tracking during emergencies.
- Supports surge patient intake, triage documentation, and recordkeeping.
- Coordinates with IT and medical records for patient information access.

Nursing Services Unit [Logistics Role]

- Coordinates deployment and reallocation of nursing personnel and equipment needs.
- Supports the supply chain for nursing units (IV fluids, PPE, linens, etc.).
- May liaise between clinical areas and central logistics for critical supplies.

Pharmacy Unit

- Ensures availability of essential medications and medical supplies.
- Maintains emergency drug stockpile and monitor expiry and usage.
- Supports **OPERATIONS SECTION** by supplying ER, ICU, and wards with needed medications during surge.

Logistics Unit (Central Supply and Procurement)

- Serves as the central hub for all equipment, supply, and material acquisition and distribution.
- Tracks inventory levels, coordinate procurement, and manage warehousing.
- Facilitates transport and restocking of critical resources (e.g., PPE, linens, oxygen tanks, disaster kits).

Planning Section Chief: Collects, evaluates, and disseminates information to support decision-making, develops the Incident Action Plan (IAP), and anticipates future needs during emergency operations.

- Reports to the **Incident Commander**.
- Oversees data collection, incident documentation, and planning for future operational periods.

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- Develops and updates the Incident Action Plan (IAP).
- Coordinates situation status reports, resource tracking, and strategic forecasting.
- Works closely with the **OPERATIONS**, **LOGISTICS**, and **ADMIN AND FINANCE SECTIONS** to inform planning.
-

Nursing Services Unit [Planning Role]

- Assesses current and projected nursing resource needs (staffing, supplies, beds).
- Provides input to surge capacity planning and patient care strategies.
- Supports updates to care protocols, especially during evolving scenarios (e.g., pandemic waves, prolonged response).

Special Projects Unit

- Handles planning and coordination of temporary or high-impact initiatives during emergencies.
- Leads development of surge facilities (e.g., field hospitals, annex wards).
- Supports innovation and adaptations (e.g., digital systems, alternate care models).
- Assists in after-action review planning and long-term improvement projects.

Infection Prevention and Control (IPC) Unit [Planning Role]

- Monitors epidemiological data and advise on infection trends for planning purposes.
- Provides input on containment strategies and isolation planning.
- Assists in drafting IPC protocols for the IAP.
- Coordinates with the **PLANNING SECTION** and **Safety Officer** to adjust guidelines based on emerging evidence.

Health Emergency Response Team (HERT) [Planning Role]

- Contributes operational intelligence from field or on-ground response activities.
- Provides situational input for IAP development and resource forecasting.
- Assists in planning for future deployment, rotation schedules, and training needs.
- Participates in lessons learned and strategy refinement.

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IX FORMATION & DESIGNATION OF EMERGENCY AND DISASTER RESPONSE TEAM

The Emergency & Disaster Response Team (EDRT) is a designated group of trained personnel responsible for managing and mitigating emergencies such as fires, natural disasters, accidents, and medical crises. The ERT plays a vital role in ensuring safety, minimizing risks, and protecting lives and property. Members are equipped with specialized training in first aid, firefighting, evacuation procedures, and disaster management, enabling them to respond swiftly and effectively during critical incidents.

IX.1 Emergency & Disaster Response Team Roles and Responsibilities

- **Incident Commander** – Provides overall leadership and direction during emergencies, oversees all response operations, and makes critical decisions to manage the incident effectively.
- **Assistant Incident Commander** – Supports the Incident Commander and assumes command in their absence, ensuring continuity of leadership and operations.
- **Medical Response Team** – Delivers immediate medical care and first aid to affected individuals, stabilizing patients until further medical help is available.
- **Security and Traffic Team** – Maintains safety and order within the premises by managing crowd control, securing access points, and directing traffic flow during emergencies.
- **Firefighting Team** – Responds to fire-related incidents, manages fire suppression, and ensures fire safety protocols are implemented during emergencies.
- **Evacuation Team** – Facilitates the safe, orderly, and timely evacuation of all building occupants, ensuring evacuation routes are clear and accessible.
- **Communication Team** – Coordinates internal and external communications, including timely updates to stakeholders and liaison with emergency agencies and community partners.
- **Search and Rescue Team** – Locates missing or trapped individuals and provides rescue operations, including basic medical assistance as needed during search and recovery efforts.

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IX.2 Types of Emergency and Disaster Codes and Response Teams

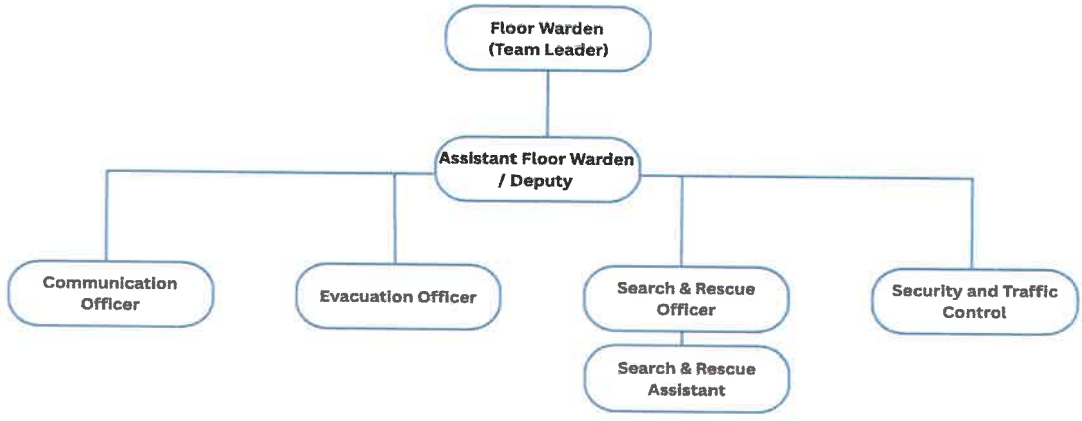
The Hospital has assigned Codes for each type of emergency and disaster situation. These Codes are grouped into Medical and Non-medical Codes with corresponding Preparedness, Response and Recovery functions.

Annex "A" and Annex "B" of this manual shows the tabulated summary of these codes.

Emergency and Disaster Response Team – A designated group of trained hospital personnel responsible for responding to all types of emergencies and disasters, such as fires, natural calamities, mass casualty incidents, or hazardous material events. The team ensures the safety of patients, staff, and property by implementing emergency protocols, providing first-level response, coordinating evacuations, activating alarm and communication systems, and liaising with external emergency agencies for support and escalation.

Every Area/Department of the Hospital has a designated Emergency Response Team that will be responsible to immediately respond to any emergency and disaster situation in their respective unit or area. Every head of the unit or area shall be responsible for the assignment of personnel in the Emergency Response Team.

RESPONSE TEAM TABLE OF ORGANIZATION
PER AREA / STATION



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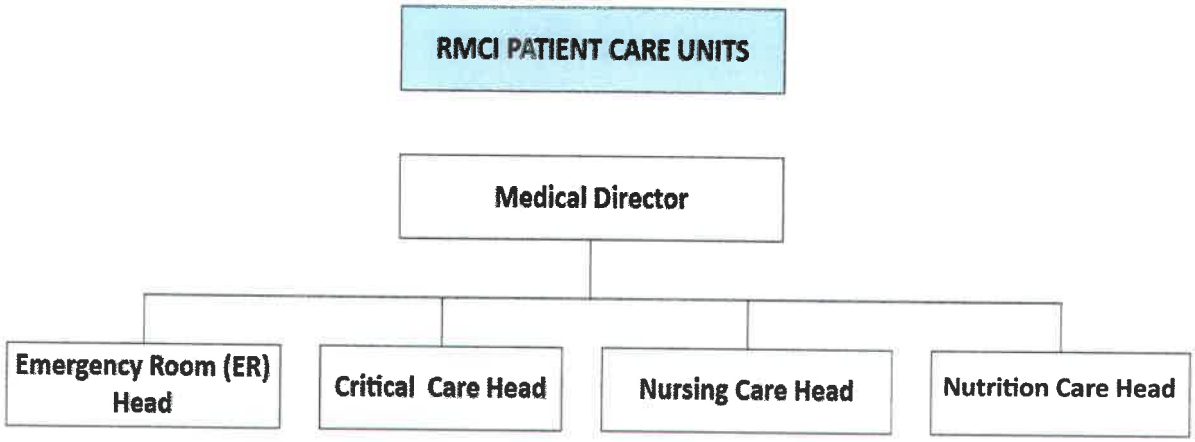

- **Patient Care Unit** – The Patient Care Unit is responsible for ensuring the continuity and quality of medical services during emergencies and disasters. This includes managing patient triage, treatment, and clinical prioritization; ensuring the safety and well-being of patients; maintaining accurate patient records; coordinating with other hospital units; and supporting surge capacity plans. The unit plays a critical role in stabilizing patients, supporting vulnerable populations, and facilitating transfers or evacuations when needed..

- **Medical Director**: Leads the overall management of emergency incidents within the hospital and determines the appropriate level of activation of the Hospital Emergency Response Plan (HERP). Directs and oversees all operations within the Hospital Emergency Operations Center.

- **Emergency Room (ER) Head**: Responsible for maintaining effective patient triage operations based on an established mass casualty triage protocol. Ensures timely, organized, and efficient patient assessment and prioritization during emergencies.

- **Critical Care Head**: Oversees the management and care of patients with life-threatening conditions. Ensures high standards of intensive care delivery, clinical coordination, and patient safety during critical incidents.

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- **Nursing Care Head**: Directs and supervises nursing services, particularly for patients in recovery or undergoing continued treatment. Ensures continuity of care, staffing, and adherence to nursing protocols during emergencies.

- **Nutrition Care Head**: Leads the coordination and implementation of nutrition services to meet the dietary needs of patients during emergency situations. Ensures food safety, appropriate meal planning, and continuity of nutrition support.

IX.2 RESPONSE PROTOCOL

Upon notification of a critical incident, the Hospital shall initiate its emergency response within 3 to 5 minutes, ensuring swift activation of the Hospital Emergency Response Plan (HERP), immediate staff mobilization, and preparation for potential patient surge.

This rapid response is essential to deliver timely, life-saving care; contain the incident's impact on hospital operations; and prevent further harm to patients, staff, and infrastructure. Upon the occurrence of any of the Emergency & Disaster situation, the following protocol shall be conducted:

- **Safety Officer** shall conduct a **Risk Assessment and Evaluation**.
- The findings will be reported to the **Engineering and General Services Division (EGSD) Head (Logistics Section Chief)** for consideration of a potential disaster declaration.
- The **EGSD Head** will update the **President and CEO (Hospital Incident Commander)** regarding the Hospital's operational status and risk assessment.
  - ➢ For Spontaneous Medical Emergency and Disaster Assessments or Mass Casualty Incidents:
  - ➢ Upon receiving information about a disaster or MCI, the **Triage Nurse** on duty, will promptly notify the **Head Nurse (Triage Unit Head)**. Simultaneously, the doctors and staff on duty shall receive and attend to the disaster and MCI patients promptly, efficiently, and courteously.
  - ➢ The **Head Nurse (Triage Unit Head)** will report the situation to the **Medical Director (Planning Section Chief)**, who shall immediately inform the **Incident Commander (IC)** or the duly designated authority.

- If warranted on either case, the **Incident Commander** may call for an **emergency**

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meeting to officially declare a disaster and activate the Hospital Incident Command System (HICS) and Hospital Emergency Response Plan (HERP).

- Activate the Hospital Incident Command System (HICS)
  - ➢ The **Incident Commander (IC)** will activate the HICS based on the severity and scope of the incident.
  - ➢ All appropriate emergency response teams will immediately be mobilized and assigned with emergency roles and responsibilities, as per the pre-defined structure, based on the type of disaster. (See Organizational Structure of Hospital Incident Command System)

Disaster Classification:

TYPE	EXAMPLES	RESPONSIBLE TEAM
Natural	Earthquakes, Floods, Storm Surges	Health Emergency Response Team/HICS
Man-Made	Arson	Fire Brigade Team
	Bomb Threat	Emergency Response Team (Security T.O)
	Hostage-taking, Suicide	Emergency Crisis Response Team

➢ The **Incident Command Group (HICS)** through the **Incident Commander** will lead the overall response coordination and decision-making.

- Implement the Hospital Emergency Response Plan (HERP): Alert and Mobilization
  - ➢ Upon activation, all departments and sections shall follow the HERP in executing emergency procedures, triage protocols, and communication flows.
  - ➢ The respective Department Heads will initiate internal emergency response actions by ensuring the immediate mobilization of medical and non-medical personnel while maintaining communication with the Command Center.
  - ➢ The Nurse Supervisor (**Triage Unit Head** or **Public Information Officer**) will activate the hospital-wide alert using the public address system or other rapid communication tools.
  - ➢ The **Facilities Unit Head** under the **LOGISTICS SECTION** will deploy all available ambulances and mobile units.
  - ➢ The **Human Resource Unit Head** under the **ADMIN & FINANCE SECTION** will maintain an accessible master list of staff contact details (names, addresses, phone numbers) in the Command Center.

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- Observe Triage and Patient Flow Management
  - The **Emergency Room (ER) Triage Staff** under the **OPERATIONS SECTION** will implement disaster triage protocols, prioritizing treatment based on severity and survivability.

  - **On-duty physicians and staff** at the Emergency Services Department will conduct triage using colored wristbands to categorize patients:

COLOR CODE	DESCRIPTION	ACTION AREA
Red	Requires immediate resuscitation	Critical Care Unit (Red Area)
Yellow	Urgent care needed; possible surgery within 4-6 hours	Operating Room (Yellow Area)
Green	Walking wounded, minor injuries; delayed treatment acceptable	Non-Critical Observation Area (Green Area)
Black	Deceased; body tagged and moved to mortuary	Mortuary
All the cases shall be transport to identified rooms at the shortest possible time.		

  - The **OPERATIONS SECTION** may repurpose overflow areas (e.g., lobby, outpatient units) as surge treatment zones.
  - Non-urgent care may be deferred or redirected to accommodate critical cases.

- Initiate Communication Protocols
  - Unit Heads will establish clear communication links with the Command Center.
  - Frequent updates will be shared with the **Incident Command Group** for real-time monitoring and decision-making.
  - The **Public Information Officer** and designated personnel will maintain internal communication via PA systems, radios, and designated emergency channels.
  - The **Liaison Officer** and designated personnel will handle external communication with emergency services, government agencies, and partner hospitals.

- Ensure Resource Mobilization and Logistics
  - The **Logistics and Pharmacy Units of the LOGISTICS SECTION** will distribute

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supplies and equipment (e.g., emergency kits, PPE, IV fluids) from the Central Emergency Storage.

- The **Human Resource Unit** and **Nursing Service Unit** will deploy additional manpower based on the staffing surge plan.
- Each department and section will document inventory and resource use for replenishment and audit.

- Apply Safety and Security Measures
  - The **Security Unit Head** and Security Personnel shall secure hospital entrances and restrict access to designated zones, and ensure that evacuation routes and shelter areas are monitored and kept clear.
  - The **Security Unit** will direct the movement of personnel and patients, following the predefined evacuation protocols, if needed.

- Provide Psychological First Aid and Support Services
  - A designated team from the **Wellness Unit** and the Hospital's Patient Experience will provide psychosocial support to patients, families, and staff.
  - Mental health responders and chaplaincy services will be on standby to address acute stress and trauma.

- Conduct Documentation and Situation Reporting
  - All Units will document all activities, decisions, and patient movement in real time coordinate these with the **Safety Officer** and the **Incident Commander**.
  - The **Incident Commander** will provide situation updates every 4 hours, or as needed.
  - The **Incident Command Group** will adapt the Incident Action Plan (IAP) daily throughout the response, as needed.

- Observe Proper Escalation and Closure of Disaster Protocols
  - Once the disaster is under control, the **Safety Officer** will report status updates to the **Incident Commander or the designee**.
  - The **Incident Commander or the designee**, upon confirming with Incident Command Group and Unit Heads, will decide whether to extend operations or prepare for deactivation.
  - The **Incident Commander** makes the final decision to officially deactivate the disaster response.

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- Initiate Deactivation Protocol:
  - The **Incident Commander**, in consultation with the **Incident Command Group**, will:
    - 1.a Assess the current flow of patients.
    - 1.b Review unit-level status reports on capacity, staffing, and safety.
    - 1.c Determine the appropriate time to **formally declare the end of the disaster** response.

The **Incident Command Group** will notify all Units of the deactivation, and procedures will shift into the **RECOVERY PHASE**, including resumption of services, debriefings, and documentation.

IX.3 STANDARDIZED PROCEDURES FOR SPECIFIC AND FREQUENT EMERGENCIES AND DISASTERS

To provide clear, coordinated, and systematic response actions for hospital personnel to follow during different types of emergencies and disasters in order to ensure the safety of patients, staff, visitors, and property, as well as to maintain continuity of essential healthcare services.

IX.3.1 Fire and Explosions

- Rationale:
  - Fires in hospitals are often due to electrical faults, overloaded circuits, kitchen incidents, or oxygen tank mishandling.
  - Explosions may occur in high-risk zones like labs, oxygen storage, and generator rooms.

- Main Threats to Hospital:
  - Immediate threat to life and property.
  - Forced evacuation of patients, including those on life support.
  - Smoke and fire damage to wards, ICU, pharmacy, and ER.
  - Interruption of medical services and equipment loss.

- Response:
  - Immediate Response (Code Red)
  - Activate fire alarm and call security or BFP.
  - Use R.A.C.E. Protocol:

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1.a Rescue those in immediate danger.
1.b Alarm others and activate the code.
1.c Confine fire by closing doors.
1.d Extinguish if safe using fire extinguisher.

- Evacuation
  - 1.a Evacuate patients horizontally (same floor), then vertically if needed.
  - 1.b Use fire exits, never elevators.
  - 1.c Assist vulnerable patients (e.g., ICU, NICU).
- After Fire is Contained
  - 1.a Account for all staff and patients.
  - 1.b Assess extent of damage to facilities and equipment.
  - 1.c Isolate affected areas and restore critical services.
- Post-Fire Evaluation
  - 1.a Document incident, file official report, and review fire safety plan.
- Reinforce fire drills and staff training.

IX.3.2 **Typhoons and Flooding**

- Rationale:
  - The Philippines is hit by 20+ typhoons annually, many causing widespread flooding.
  - Hospitals face power outages, infrastructure damage, supply chain disruption, and patient surge.

- Main Threats to Hospital:
  - Water intrusion into ERs and wards.
  - Power failures requiring generator use.
  - Difficulty in staff mobility and patient transport.
  - Overcrowding due to injured or displaced individuals.

- Response:
  - Pre-Disaster Preparedness
    - 1.a Activate the Hospital Emergency Preparedness Committee (HEPC).
    - 1.b Secure windows, doors, and outdoor equipment.
    - 1.c Relocate patients and equipment away from flood-prone areas.

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1.d Stockpile food, water, medicines, fuel, and supplies.
1.e Test backup generators and communication systems.

- During the Disaster
  - 1.a Activate HEICS and assign roles.
  - 1.b Monitor weather updates and communicate alerts.
  - 1.c Ensure safe water, food, and patient environment.
  - 1.d Maintain emergency power and secure entrances.
  - 1.e Cancel elective procedures and restrict access.
- Post-Disaster Response
  - 1.a Assess building safety and utilities.
  - 1.b Initiate patient transfer if needed.
  - 1.c Conduct damage and needs assessment.
  - 1.d Replenish resources and document activities.

IX.3.3 **Earthquakes**

- Rationale:
  - The Philippines lies on the Pacific Ring of Fire, making it highly prone to seismic activity.

- Main Threats to Hospital:
  - Structural damage to buildings and medical equipment.
  - Disruption in clinical services and communication systems.
  - Immediate surge in trauma and injury cases.
  - Risk of evacuation or closure of unsafe facilities.

- Response:
  - During the Earthquake
    - 1.a Drop, Cover, and Hold until shaking stops.
    - 1.b Avoid elevators; protect head and vital organs.
    - 1.c All staff must ensure patients are safe from falling objects.
  - Immediately After
    - 1.a Activate Code Grey (Earthquake Code).
    - 1.b Evacuate if structural damage is evident.
    - 1.c Perform patient headcount and status check.

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1.d Isolate gas lines and shut off utilities if needed.
1.e Activate HEICS and triage incoming casualties.

- Recovery
  - 1.a Conduct structural inspection and restart services incrementally.
  - 1.b Provide Psychological First Aid (PFA) to patients and staff.
  - 1.c Report incident and submit After-Action Report (AAR).

IX.3.4 **Earthquakes Disease Outbreaks and Epidemics**

- Rationale:
  - Includes COVID-19 pandemic, dengue outbreaks, and measles surges.
  - These pose long-term stress on hospital systems.

- Main Threats to Hospital:
  - Prolonged patient surges in isolation and ICU areas.
  - Staff exposure, fatigue, and infection.
  - Shortage of PPE, beds, oxygen, and medications.
  - Need for strict infection control and triage protocols.

- Response:
  - Early Detection and Activation
    - 1.a Activate Infection Prevention and Control (IPC) protocols.
    - 1.b Establish isolation areas and triage for Persons Under Investigation (PUIs).
    - 1.c Notify DOH and implement mandatory reporting.
  - Containment Phase
    - 1.a Enforce hand hygiene, PPE use, and respiratory etiquette.
    - 1.b Limit visitors; implement crowd control.
    - 1.c Adjust staffing, cancel non-urgent procedures, and cohort infected patients.
  - Ongoing Management
    - 1.a Monitor staff exposure and burnout.
    - 1.b Maintain medicine and oxygen supply chain.
    - 1.c Continue surveillance and testing.
  - Post-Outbreak

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1.a Conduct evaluation and update IPC protocols.
1.b Resume normal operations gradually.
1.c Submit outbreak report to DOH and update emergency plan.

IX.3.4 Utility or Technological Failure

- Rationale:
  - Includes power outages, water supply interruptions, network or IT failures, and elevator malfunctions.
  - Often secondary effects of storms or internal equipment failure.

- Main Threats to Hospital:
  - Disruption of life-saving equipment (e.g., ventilators, monitors).
  - Interrupted electronic health records and communication systems.
  - Compromised sanitation due to water system failure.
  - Risk to continuity of critical care services.
- Response:
  - Initial Response
    1.a Activate Code Yellow (Internal Disaster) or equivalent.
    1.b Switch to backup power and water sources.
    1.c Notify affected departments immediately (e.g., IT, Engineering, Pharmacy).
  - Specific Scenarios
    1.a Power Outage: Activate generator, prioritize ICU/OR/ER.
    1.b Water Interruption: Use stored water for critical functions.
    1.c IT/Network Failure: Switch to manual documentation and communication logs.
  - Service Continuity
    1.a Reassign staff if functions are compromised.
    1.b Coordinate logistics for essential supplies.
    1.c Update families and staff regularly.
  - Post-Restoration
    1.a Validate system integrity (e.g., IT, HVAC).
    1.b Investigate cause and prevent recurrence.
    1.c Conduct After-Action Review and update Continuity of Operations Plan.

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X RECOVERY PROCEDURE AND GUIDELINE

To restore normal hospital operations in a safe, systematic, and timely manner following an emergency or disaster, while supporting affected individuals and evaluating response performance.

Recovery begins once the immediate threat to life and hospital infrastructure has passed. This phase ensures that essential services are fully restored, systems are stabilized, and the hospital returns to pre-disaster functionality or adapts to a new operational normal if needed.

Key Objectives:

- Resume Critical Services
  - ➢ The **OPERATIONS SECTION** gradually reactivates suspended or disrupted departments and services.
  - ➢ Patient care services, pharmacy, diagnostics, and IT systems are also prioritized.

- Conduct Damage Assessment and Infrastructure Rehabilitation
  - ➢ The **LOGISTICS SECTION** conducts physical inspection and documentation of affected areas (e.g., structural damage, utility systems, equipment losses).
  - ➢ Engineering and Facility Management are coordinated for timely repairs and safety clearances.

- Provide Psychosocial Support and Debriefing
  - ➢ Patients, families, and staff exposed to trauma are provided psychological first aid and counseling services.
  - ➢ Healthcare teams are also given Critical Incident Stress Debriefing (CISD) sessions.

- Replenish Depleted Resources
  - ➢ The **LOGISTICS SECTION** restocks depleted supplies (e.g., medications, PPE, fuel, food, and linen).
  - ➢ The **ADMIN & FINANCE SECTION** conducts financial reconciliation and claims processing for damaged equipment or disaster-related costs.

- Perform Documentation and After-Action Review
  - ➢ The **Safety Officer** conducts a formal evaluation of the Hospital's response through a **Post-Incident Review (PIR)**.

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- Identify best practices, gaps, and lessons learned to guide future improvements.

- Ensure Communication and Stakeholder Reporting
  - Transparent updates to hospital leadership, staff, regulators, and external partners.
  - Final deactivation of the Hospital Incident Command System (HICS) once safe return to operations is confirmed.

XI MITIGATION AFTER A DISASTER

Mitigation is a continuous, proactive process that involves reviewing past incidents and implementing measures to minimize the effects of similar events in the future. It is embedded into long-term planning, infrastructure development, and risk management strategies.

Mitigation programs are instituted to reduce the likelihood or impact of future emergencies by addressing vulnerabilities, strengthening systems, and enhancing the hospital's overall resilience.

Key Objectives:

- Conduct Hazard and Risk Reassessment
  - Revaluate hospital hazard vulnerabilities based on recent incidents, climate trends, and risk mapping.
  - Update the **Hazard Vulnerability Analysis (HVA)** annually or after major events.

- **Revise Policies and Procedures, as Necessary**
  - Revise emergency plans, protocols, and contingency measures based on after-action reports and stakeholder feedback.
  - Integrate new technologies, best practices, and regulatory updates.
- **Strengthen Existing Infrastructure**
  - Invest in flood-proofing, seismic retrofitting, utility backup upgrades, and resilient design for critical areas.
  - Improve redundancy in water, power, and communication systems.

- **Capacity Building and Training Enhancement**
  - Expand staff training programs with scenario-based simulations and real-case reviews.
  - Build leadership capacity in crisis management and decision-making.

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- **Community and Partner Engagement**
  - ➢ Strengthen linkages with LGUs, health agencies, emergency services, and nearby hospitals for joint planning and mutual aid agreements.
  - ➢ Promote public awareness and community preparedness activities.

- **Monitoring and Evaluation Systems**
  - ➢ Establish measurable indicators for preparedness and response performance.
  - ➢ Regularly audit compliance with emergency protocols and improvement initiatives.

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PROCEDURES (SOP): N/A

WORK INSTRUCTION: N/A

WORK FLOW: N/A

FORMS: N/A

EQUIPMENT: N/A

REFERENCES:

1 HOSPITAL EMERGENCY RESPONSE CHECKLIST: https://www.who.int/docs/default-source/documents/publications/hospitalemergencyresponse-checklist.pdf
2 PLANNING GUIDELINES: file:///C:/Users/006845/Downloads/2022_BGD_HERP-Guideline_V03.pdf
3 GUIDELINES FOR HOSPITAL EMERGENCY PREPAREDNESS PLANNING: https://asdma.gov.in/pdf/publication/undp/guidelines_hospital_emergency.pdf
4 ACCREDITATION CANADA: Emergency and Disaster Preparedness.
5 Administrative Order No. 2020-0016: Guidelines on Hospital Emergency Preparedness and Response Plan (HEPRP). https://law.upd.edu.ph/wp-content/uploads/2020/05/DOH-AO-No-2020-0016.pdf

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DR. PABLO O. TORRE MEMORIAL HOSPITAL

METRO PACIFIC HEALTH
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