



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

July 6, 2011

ADMINISTRATIVE ORDER  
No. 2011 - 0006

**Subject: Framework on Health Sector Response to Terrorism**

**I. RATIONALE**

Since a decade ago, there had been a growing shift of conventional wisdom from terrorism being a benign threat to one that can seriously undermine the safety and security of our people. The events of 9/11 in the United States and the string of bombing incidents in the country — — 2000 Rizal Day bombing, 2002 Zamboanga bombing, 2004 SuperFerry 14 bombing and many others—resulted in many casualties and deaths. The presence of other factors such as social instability, poverty and increasing grievance among the rogue elements of the society could perpetuate terrorism locally.

Terrorism constitutes a grave danger to public safety since possible targets can be communities, institutions, the society or even individuals. Terrorism can be manifested as fire, explosion, collision, shipwreck, air/road crash that can lead to collapse of lifelines and structures, and the direct or indirect release of chemical, biological, radiological, nuclear, and explosives (CBRNE) agents that lead to specific mortality and morbidity.

Republic Act 9372 or the Human Security Act of 2007, otherwise known as the “anti- terrorism law” provides the legal framework for the country’s efforts at combating terrorism. It created the Anti-Terrorism Council (ATC) which formulated the National Anti-Terrorism Strategy (N ATS) which is guided by the concepts of comprehensiveness and collaboration so that all of the efforts are to the best interest of the public. The Department of Health was designated by the ATC as one of the lead agencies to counter terrorism, especially for biological incidents. Nonetheless, its role in the consequence management of the effects of terrorism, whether chemical, biological, radiological, nuclear and explosives-induced is very essential. It has the inherent capability to manage and/or minimize the impact of such incidents by improving the capabilities to deal with the aftermath, coordination of response and care of the victims. The fluid, complex, multifaceted and challenging realm of terrorism would certainly require close coordination and collaboration among DOH offices, Centers for Health Development, local government units, public and private hospitals, other DOH attached agencies, other members of the health sector, other government and non-government agencies if an effective public health response to terrorism is to be achieved. This Order is hereby issued to clarify the responsibilities and roles of the health sector in counter-terrorism.

## II. OBJECTIVES

This Order shall set the guidelines for the health sector response to reduce the risk of morbidity and mortality resulting from terroristic threats and acts.

## III. SCOPE AND COVERAGE

This Order covers DOH Offices, Bureaus and National Centers, Centers for Health Development, DOH Hospitals, Local Government Units, Private Hospitals, other members of the Health Sector, and other government agencies involved in effective counter-terrorism response.

## IV. DEFINITION OF TERMS/ACRONYMS

CBRNE — chemical, biological, radiological, nuclear, and explosives.

Consequence Management - actions to counter effects of terrorist attacks using either conventional explosives, or chemical, biological, radiological, or nuclear weapons.

Epizoonoses --- diseases communicable from animals to humans under natural conditions which can affect or has the tendency to affect large numbers of individuals within a population, community or region at the same time.

Terrorism -- is any act that is often considered to be deliberate violence, or the threat of violence directed at innocent non-combatants and governments to cause fear to attract attention for political, ideological, and religious causes, often in a coercive manner.

Weapons of Mass Destruction (WMD) — any weapon or device that is intended, or has the capacity, to cause death or serious bodily injury to a significant number of people through the release or dissemination, or impact of toxic or poisonous chemicals or their precursors, a disease organism, or radiation or radioactivity.

## V. PUBLIC HEALTH AND TERRORISM FRAMEWORKS

Responding to CBRNE attacks is a multidisciplinary and complex task. With many issues and questions, a means of organizing and prioritizing strategic approaches to response is needed. This can be addressed using the risk management approach. Terrorist attacks employing the agents may result in health consequences that can give rise to specific morbidity and mortality, injuries and trauma. For this, the health sector bears the responsibility of acting on these through risk reduction by decreasing the vulnerability of people to these attacks, lessening the impact of these attacks through proper consequence management and increasing the capacity of the health sector to prevent, prepare for and respond to CBRNE incidents.

Health Sector responsibility for terrorism can be laid out in a continuum covering the following: a.) Ensuring access to health investment in social services to counter terrorist risks; b.) Pre-hospital and mass casualty management to address direct and indirect voluntary injuries, other indirect mortality and morbidity due to terrorist events; c.) Epidemiological and clinical management of specific risks, outbreaks and casualties due to direct or indirect release of CBRNE agents causing epidemics, epizoonoses and environmental pollution; d.) Epidemiological evidence, education and advocacy against weapons of mass destruction; e.) Risk communication for targets of terrorism.

To align the strategic approach with the terrorist-based crisis management model, there are four (4) phases to be considered: Predict, Prevent, Prepare, and Perform. The prediction phase is through intelligence information coming from national security agencies and other stakeholders. An important source of report of CBRNE attacks is from surveillance mechanisms that are in place. Prevention strategies are in the context of ensuring laboratory safety and security, promoting occupational health and safety, environmental monitoring and regulation, to avert intentional release of CBRNE agents and to prevent risk exposure by enhancing public awareness. These two

(2) phases comprise the adjustment stage during which time the threat of CBRNE attack has not materialized yet but there' 15 high probability of occurrence.

Preparedness phase sets in through formulation of policies, plans and programs for CBRNE, as well as capacity building through training. Physical facility enhancement by upgrading facilities and equipments also plays an important role. Networking arrangements with other agencies for preparedness and response as well as the conduct of regular drills are also contributory to preparedness initiatives. This also coincides with the readiness stage wherein the health sector is now poised to respond.

Performance phase represents the action stage in which the entire health sector responsibility for CBRNE consequence management is fulfilled. This can be in the form of pre-hospital care (triage, treatment, transport), mass casualty management, hospital care, specific treatment and even rehabilitation. Continuing epidemic investigation and risk communications are also warranted. Results and findings of post-action activities are fed back to the system to ensure that the health system can adjust again and be prepared for any new threat.

## VI. GENERAL GUIDELINES

The Department of Health (DOH) shall lead the health sector through its technical expertise, resource mobilization capabilities and exemplary governance in carrying out the health sector role for an effective terrorist response. It shall lead the health sector in the:

- A. Prevention of terroristic acts by active surveillance and by preventing exposure of people to CBRNE agents in partnership with other sectors.
- B. Preparation against terroristic acts by issuing policies, formulating programs and plans related to terrorism, and undertaking training, capability building, systems upgrading, simulation exercises and drills and networking, and providing logistics support.
- C. Mitigation of impact of terroristic acts by consequence management and control of CBRNE exposure and preventing further spread to others.
- D. Improvement and updating of its response to reduce the risk of morbidity and mortality resulting from terroristic threats and acts.
- E. Effort towards recovery from destructions caused by the terroristic acts.

These guidelines shall be integrated into the overall disaster preparedness plans of DOH CO, CHDs, DOH-retained, LGU, and private hospitals.

## VII. SPECIFIC GUIDELINES

The following specific guidelines enumerate the steps and corresponding actions that will be

adhered to if the event is CBRNE-related as per protocol and terroristic in nature as confirmed by the National Counter-Terrorism Unit (N CTU):

A. Identification of type of hazard:

1. Determination of release, or presence of an outbreak
2. Identification of nature of agent
3. Development of case definition and follow-up distribution of cases
4. Definition of population at risk
5. Establishment of source of agent and mode of transmission
6. Collection of clinical, laboratory or environmental data and utilization of results
7. Conduct of field investigation

Evaluation of hazards and risks:

1. Evaluation of potential outbreak spread and determination of contagiousness
2. Analysis of anticipated risks

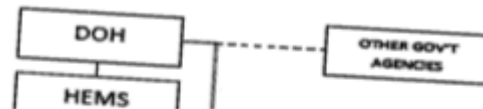
Implementation of strategies:

1. Public health - surveillance, tracing, isolation, quarantine, risk communication and psychosocial services
2. Pre-hospital — triage, treatment, transport, sampling of agent
  - \*Ensuring proper use of PPE by responders (masks, gloves, protective clothing)
  - \*Immunization or prophylaxis if necessary
3. Hospital — preparation of facilities, needed supplies and personnel, stockpiling of vaccines and antibiotics, laboratory investigation, medical care of victims through use of protocols, setting up of alternative facilities
  - \*Ensuring protection of health care workers by following infection prevention and control procedures and universal precautions
  - \*Immunization or prophylaxis if necessary

D. Evaluation of risk by determining whether response is adequate or needs support

E. Monitoring of the event by implementing both early warning and active surveillance systems

## VIII. ROLES AND RESPONSIBILITIES



### Health Sector Organizational Framework on Response to Terrorism

A. The Department of Health (DOH) shall have the following functions:

1. Issues policies, guidelines, protocols and standards in relation to CBRNE incidents.

2. Leads in providing technical assistance to CHD's, LGU's, health facilities and NGO's and other stakeholders with regards to health or emergency management of CBRNE incidents.
3. Collaborates with other agencies and stakeholders in CBRNE to counter terrorism.
4. Oversees implementation of existing policies, and as necessary, updates existing policies or formulates new policies and guidelines pertaining to CBRNE incidents.
5. Conceptualizes necessary trainings of health personnel pertaining to CBRNE or terrorism.
6. Upgrades hospital facilities and equipments necessary for management of victims of terrorism acts.
7. Sets standards in the pre-hospital, mass casualty management, and clinical treatment and management of cases resulting from terroristic acts.
8. Earmarks budget for the prevention, preparedness and management of victims of terroristic acts.

#### 1. HEALTH EMERGENCY MANAGEMENT STAFF

- a. Acts as the lead DOH coordinating office for CBRNE incidents.
- b. Serves as the policy-making office of the Department of Health pertaining to CBRNE incidents, developing guidelines, protocols and standards in management and treatment of CBRNE incidents in coordination with National Center for Disease Prevention and Control.
- c. Facilitates the development of curriculum and actual conduct of capacity building, drills and simulation activities in coordination with the Health Human Resource Development Bureau and Bureau of Internal Health Cooperation.
- d. Acts as the clearinghouse of all trainings related to CBRNE in the health sector.
- e. Provides technical assistance on the development of CBRNE programs to all members of the Health Sector.
- f. Establishes the network of hospitals and members of the Health Sector in preparing for and responding to CBRNE incidents.
- g. Maintains together with the National Epidemiology Center an Early Warning Alert System for CBRNE incidents.
- h. Maintains a comprehensive and integrated information management system with database pertaining to CBRNE incidents.

i. Monitors and evaluates the enforcement of and compliance with policies related to CBRNE incidents in the Health Sector.

j. Coordinates with other government agencies with stake on CBRNE such as ATC, NCTU, DENR, PNRI, DILG-PNP, BFP, APP, DOTC, BOC.

## 2. NATIONAL CENTER FOR DISEASE PREVENTION AND CONTROL

a. Develops protocols and guidelines on the prevention and control of chemical and biological cases of terrorism through case definition, diagnostic and treatment protocols of cases.

b. Provides technical inputs in the recognition, prevention, control and management of chemical and biological cases of terrorism.

c. Provides technical assistance in the development of training agenda for chemical and biological cases of terrorism.

## 3. NATIONAL EPIDEMIOLOGY CENTER

a. Serves as the lead coordinating office in the surveillance of diseases with CBRNE potential.

b. Establishes a comprehensive and integrated surveillance system that can monitor CBRNE-related diseases.

c. Coordinates with DOH Central Office, CHDs and other members of the Health Sector in investigating and responding to biological cases of terrorism.

d. Provides technical assistance to DOH offices and the Health Sector in the establishment of a surveillance system for CBRNE-related diseases.

e. Coordinates the results of epidemiological investigation of CBRNE incidents with HEMS.

## 4. BUREAU OF HEALTH DEVICES AND TECHNOLOGY

a. Develops protocols and guidelines on definition, identification, and management of radiological and nuclear incidents.

b. Assists in the containment of radiological and nuclear incidents.

c. Conducts training on safety pertaining to radiological and nuclear exposures.

d. Provides technical inputs in the development of the Health Sector's plan and standards in preparedness and response to nuclear and radiological incidents.



## 5. NATIONAL CENTER FOR HEALTH PROMOTION

Leads in the formulation and development of risk communication messages and IEC materials with regards CBRNE incidents encompassing the three (3) phases of disaster management.

## 6. BUREAU OF QUARANTINE AND INTERNATIONAL HEALTH SURVEILLANCE

- a. Conducts surveillance of persons, conveyances and goods that have CBRNE potential in coordination with airport and port authorities.
- b. Provides technical inputs in the development of alert systems, training design and materials on quarantine measures for CBRNE incidents.
- c. Supports the Health Sector's preparedness and response plans on CBRNE incidents occurring at airports and ports of entry.
- d. Monitors CBRNE incidents in other countries.

## 7. NATIONAL CENTER FOR HEALTH FACILITY DEVELOPMENT

- a. Identifies hospitals to support care, treatment and management of chemical, biological, radiological, nuclear and trauma cases.
- b. Assesses and upgrades as necessary DOH health facilities for preparedness and response to CBRNE incidents.
- c. Develops and integrates standards in facility design and construction for CBRNE facilities in the hospital, e.g. decontamination room, negative pressure area, etc.
- d. Provides technical assistance on hospital planning, resource procurement and facility enhancement for preparedness and response to CBRNE incidents.
- e. Assists in the conduct of Post-Incident Evaluation of health facilities.

## 8. HEALTH HUMAN RESOURCE DEVELOPMENT BUREAU

- a. Develops in coordination with HEMS training agenda for CBRNE health managers and responders.
- b. Assists in the development of training programs, designs and manuals for stakeholders in CBRNE.
- c. Links with institutions that provide capability building on CBRNE incidents.

## 9. BUREAU OF INTERNATIONAL HEALTH COOPERATION

- a. Identifies international trainings related to CBRNE.
- b. Facilitates activities on CBRNE incidents that require international collaboration and cooperation.
- c. Identifies external sources of funds for CBRNE training and activities.

## 10. FOOD AND DRUGS ADMINISTRATION

Provides information on availability of antidotes, reagents, drugs and vaccines, and supplies needed in CBRNE incidents.

## 11. BUREAU OF LOCAL HEALTH DEVELOPMENT

Assists in establishing network with LGUs in terms of development of plans, systems and procedures for preparedness and response to CBRN E incidents.

## 12. BUREAU OF HEALTH FACILITIES AND SERVICES

- a. Ensures that all hospitals have a CBRNE plan as a requirement for licensing.
- b. Incorporates CBRNE policies and standards for health facilities in the accreditation requirements.

## 13. HEALTH POLICY DEVELOPMENT AND PLANNING BUREAU

Assists in the development of CBRNE policies, guidelines and protocols and standards.

## 14. MEDIA RELATIONS UNIT

- a. Assists in the preparation of press briefings during CBRNE incidents.
- b. Conducts orientation sessions to media during CBRNE incidents.

## 15. CENTERS FOR HEALTH DEVELOPMENT

- a. Serve as the DOH coordinating body in their region with regards CBRNE incidents.
- b. Observe all policies, standards, requirements and systems to prepare for and respond to CBRNE incidents in the region.

- c. Provide technical assistance to LGUs with regards CBRNE incidents.
- d. Document and report to Central Office Operations Center all CBRNE incidents.

## B. HOSPITALS

- a. Implement all policies, and adhere to standards, and requirements for laboratory and radiological safety and security for health personnel and patients including proper storage, labeling, utilization, dispensing and disposal of chemicals and reagents that have the potential for terroristic use.
- b. Implement all policies, and adhere to all standards, requirements and systems to prepare for and respond to CBRNE incidents.
- c. Continually upgrade hospital infrastructure/equipment and facilities to prepare for and respond to CBRNE incidents.
- d. Document and report all CBRNE incidents to the Operations Center.
- e. Network with other hospitals within their area to maximize resources and facilitate transfer of victims from one facility to another as deemed appropriate.

## C. LABORATORIES

- a. Implement all policies, and adhere to all standards, and requirements for laboratory safety and security for health personnel and patients including proper storage, labeling, utilization, dispensing and disposal of chemicals and reagents that have the potential for terroristic use.
- b. Maintain highest quality and standards in the processing of laboratory requests related to CBRNE incidents.
- c. Network with hospitals and other centers to optimize laboratory capability for CBRNE incidents.

## D. OTHER MEMBERS OF THE HEALTH SECTOR

- a. Implement all policies, and adhere to all standards, and requirements for safety and security of health personnel and patients.
- b. Implement all policies, and adhere to all standards, requirements and systems needed to prepare for and respond to CBRNE incidents set by the Health Sector.
- c. Coordinate with the Department 'of Health all CBRNE incidents that are responded to.
- d. Participate in inter-agency CBRNE-related activities led and organized by the Department of Health.

#### E. LOCAL GOVERNMENT UNITS

- a. Implement all policies, and adhere to all standards, requirements and systems needed to prepare for and respond to CBRNE incidents set by the Health Sector
- b. Coordinate with the Department of Health all CBRNE incidents that are responded to.
- c. Participate in inter-agency CBRNE-related activities led and organized by the Department of Health.
- d. Advocate for the prevention and control of CBRNE incidents.

#### IX. REPEALING CLAUSE

Provisions from previous issuances that are inconsistent or contrary to the provisions of this - Order are hereby rescinded and modified accordingly.

#### X. EFFECTIVITY

This Order shall take effect immediately.

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