



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 2, 2004

ADMINISTRATIVE ORDER
No. 137 s. 2004

SUBJECT: Guidelines for Designating Hospital Referral Centers for Management of Severe Acute Respiratory Syndrome (SARS) and. Other Severe Emerging and Re-emerging Infectious Disease.

I. Rationale:

The swiftness with which SARS has spread all over the globe has taken the medical community by surprise. With the continuous arrival of Overseas Filipino Workers (OFWs) and tourists from the affected countries with SARS outbreak has reached our shores. Efforts have been made by the Department of Health to ensure the readiness of hospitals in the event of a SARS epidemic.

In the Philippines 14 cases of probable SARS have been reported. While the number maybe small, the overall impact in the health care system has been tremendous. SARS will surely be here to stay. If is therefore important to prepare not only our facilities but also our healthcare workers so that they will be better equipped with the knowledge and skills in handling SARS cases.

Considering the above concerns, the hospital subcommittee of the DOH Task Force against SARS developed this set of standards to prepare the SARS designated hospitals to manage suspects and probable cases. This is very relevant even at this point that the Philippines has been declared SARS free. Though SARS has been contained globally, the virus may reappear at the beginning of winter this year, the same time of which the disease occurred in Mainland China last year. individuals infected abroad with SARS virus may arrive asymptomatic but later develop signs and symptoms of the disease when they are already inside our country. For these reasons, Philippine hospitals' readiness against SARS in the different regions of the country will greatly help to contain the infection and halt local transmission of the disease. The DOH intends to make all hospitals appropriately prepared to provide services to the SARS patients at the same time create a safe environment for the health workers and the general public utilizing hospital services. Rational approach to these problems should, however, be used because DQH resources are limited. Ensuring this, the public will gain confidence and trust that they are protected and safe from the threat of SARS and other severe emerging and emerging infectious diseases.

General Objective:

To define standards for designated hospital referral centers in the diagnosis and management of SARS and other severe emerging and re-emerging infectious diseases.

Specific Objectives:

1. To utilize this set of standards as a guideline to develop referral center facilities to manage highly infectious cases as SARS.
2. To establish an effective referral mechanism for highly infectious diseases.
3. To provide maximum protection to health workers from highly infectious diseases and to the general public utilizing the hospital services.

II. Coverage/Scope:

This Administrative Order shall covers all hospitals at the National and Local levels including Private Hospitals.

III. Definition of Terms:

- CAPABILITY - refers to the level of expertise provided by the referral centers.
- FACILITY - refers to a structure built or installed for particular purposes.
- HIERARCHY - refers to the organizational and functional relationship of the referral centers.
- EMERGING INFECTIOUS DISEASES— newly identified infections which cause public health problems either locally or internationally.
- RE—EMERGING INFECTIOUS DISEASES- due to the reappearance of and increase in the number of infections from a disease which is previously known, but which had formerly caused so few infections that it had no longer been considered a public health problem.
- MILD OR UNCOMPLICATED SARS CASE— a SARS patient with minimal respiratory SARS symptoms.
- SEVERE OR COMPLICATED SARS CASE — a SARS patient with severe respiratory distress requiring ventilatory support.
- P3 LABORATORY - is a biocontainment laboratory level 3.
- QUALITY ASSURANCE — is a management system designed to ensure that the laboratory produces accurate result in a reliable and efficient manner.

QA exercises are intended to correct emerging problems before they cause major error.

- RESU - Regional Epidemiology Surveillance Unit for cases in the provinces and regions.

- NEC - National Epidemiology Center for cases in Metro Manila

IV. General Guidelines:

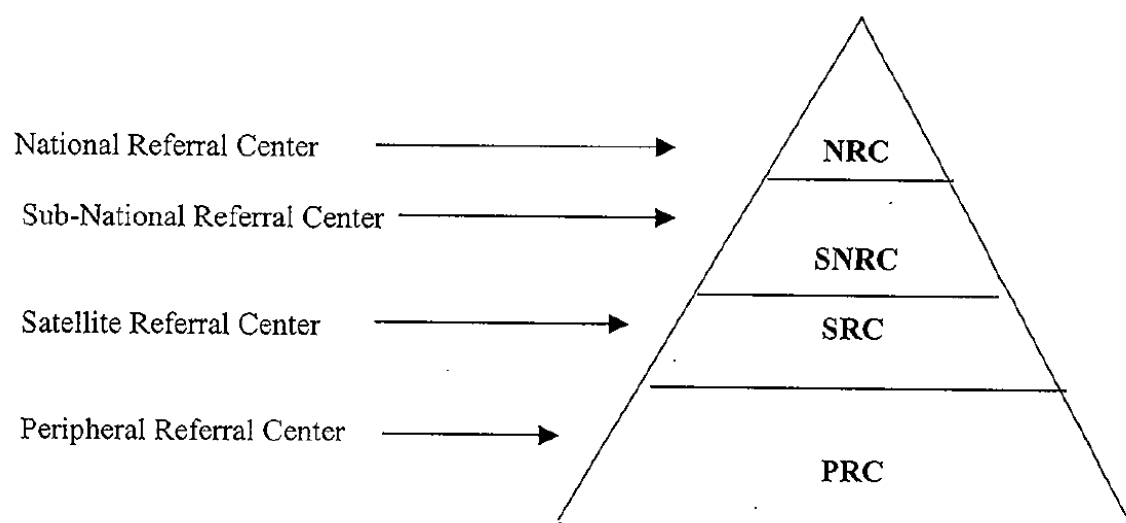
1. A network of hospitals for SARS cases and other severe emerging and re—emerging infectious diseases shall be established. To assure its effectiveness, this shall be guided by a classification system of hospitals according to their capabilities in diagnosis, management and isolation of cases, particularly the need to:

a. Ensure availability of technology for diagnosis, isolation and case management despite limited resources;

b. Limit infection in highly capable hospitals with the best facility, highly trained staff and best infection control; and

c. Gain patient's trust and confidence to obtain patient willingness to submit for isolation and treatment.

2. A hierarchy of referral centers shall be observed for managing SARS cases, such that case management may differ in level according to the availability of experts, facilities, trained staff, equipment, hospital. infection control (HIC) measures, drug regimen and isolation rooms, as shown below:



3. Designation and Classification of Referral Centers for SARS and Other Severe Emerging and Re-emerging Infectious Diseases will be as follows:

- a. National Referral Center (NRC) — only one hospital shall be designated as NRC;
- b. Sub-National Referral Centers (SNRC) - there will be three (3) SNRC who shall serve as SARS referral centers for Luzon, Visayas and Mindanao;
- d. Satellite Referral Centers (SRC) — refers to other government or private hospitals located in different regions whose classification shall be based on compliance to set requirements; and
- e. Peripheral Referral Centers (PRC) - refers to all other government and private hospitals that cannot meet the requirement of SRC.

V. Implementing Mechanism:

1. Requirements for Categorization and Designation of Hospital Referral Centers

The matrix on Table 1 provides the summary of the required service capabilities of the referral centers and its minimum requirement for the infrastructures, personnel and equipment.

Table 1
Summary of Required Service Capabilities of the Referral Centers and its Minimum Requirement for the Infrastructures, Personnel and Equipment

Referral Center Type	Minimum Requirements for Infrastructures, Personnel and Equipment	Minimum Requirements for Service Capabilities	Minimum Requirements for Referral Centers
National Referral Center (NRC)	Must have a minimum of 1000 beds, 24-hour emergency service, and a dedicated SARS ward.	Must have a minimum of 1000 beds, 24-hour emergency service, and a dedicated SARS ward.	Must have a minimum of 1000 beds, 24-hour emergency service, and a dedicated SARS ward.
Sub-National Referral Centers (SNRC)	Must have a minimum of 500 beds, 24-hour emergency service, and a dedicated SARS ward.	Must have a minimum of 500 beds, 24-hour emergency service, and a dedicated SARS ward.	Must have a minimum of 500 beds, 24-hour emergency service, and a dedicated SARS ward.
Satellite Referral Centers (SRC)	Must have a minimum of 200 beds, 24-hour emergency service, and a dedicated SARS ward.	Must have a minimum of 200 beds, 24-hour emergency service, and a dedicated SARS ward.	Must have a minimum of 200 beds, 24-hour emergency service, and a dedicated SARS ward.
Peripheral Referral Centers (PRC)	Must have a minimum of 100 beds, 24-hour emergency service, and a dedicated SARS ward.	Must have a minimum of 100 beds, 24-hour emergency service, and a dedicated SARS ward.	Must have a minimum of 100 beds, 24-hour emergency service, and a dedicated SARS ward.

1. Name	2. Age	3. Gender	4. Height
John Doe 1990-01-01 Male	28 DOB: 1990-01-01	Male DOB: 1990-01-01	180cm DOB: 1990-01-01
Address	Residence 123 Main St, Apt 456 City, State, Zip	Residence 123 Main St, Apt 456 City, State, Zip	Residence 123 Main St, Apt 456 City, State, Zip Contact: 555-123-4567 Email: john.doe@example.com
Education	Education	Education	Education
Employment History	Employment History	Employment History	Employment History
Current Employer	Current Employer	Current Employer	Current Employer
Current Position	Current Position	Current Position	Current Position
Previous Employers	Previous Employers	Previous Employers	Previous Employers
Skills & Languages	Skills & Languages	Skills & Languages	Skills & Languages
Interests & Hobbies	Interests & Hobbies	Interests & Hobbies	Interests & Hobbies
References	References	References	References
Notes	Notes	Notes	Notes
Signature	Signature	Signature	Signature
Date	Date	Date	Date
Print Name	Print Name	Print Name	Print Name
Contact Info	Contact Info	Contact Info	Contact Info

II. Personnel: 1. SARS Team 2. Active Infection Control Committee 3. Trained Personnel	II. Personnel: 1. SARS Team 2. Active Infection Control Committee 3. Trained Personnel	II. Personnel: 1. SARS Team 2. Active Infection Control Committee 3. Trained Personnel	II. Personnel: 1. SARS Team 2. Active Infection Control Committee 3. Trained Personnel
III. Equipment	III. Equipment 1. Dedicated Machine & Equipment a. Portable X-ray machines (1) b. Respirator (1) c. Pulse Oximeter (1) d. Blood Gas Analyzer (1) e. Laboratory equipment for Hematology, Bio-Chemistry, Bacteriology with Biosafety Cabinet Class II f. Decontamination facilities g. Communication facilities h. Ambulance	III. Equipment 1. Dedicated Machine & Equipment a. Portable X-ray machines (1) b. Respirator (1) c. Pulse Oximeter (1) d. Blood Gas Analyzer (1) e. Laboratory equipment for Hematology, Bio-Chemistry, Bacteriology with Biosafety Cabinet Class II f. Decontamination facilities g. Communication facilities h. Ambulance	III. Equipment 1. Dedicated Machine & Equipment a. Portable X-ray machines (1) b. Respirator (1) c. Pulse Oximeter (1) d. Blood Gas Analyzer (1) e. Laboratory equipment for Hematology, Bio-Chemistry, Bacteriology with Biosafety Cabinet Class II f. Decontamination facilities g. Communication facilities h. Ambulance
2. Supplies and Materials a. Provision of Personal Protective Equipment (PPE) 1. N-95 Respirator mask 2. Goggles 3. Disposable or re-usable gown 4. Disposable gloves 5. Cap & shoe covers b. Laboratory reagents for diagnostic tests c. Medical supplies including drugs and medicines	2. Supplies and Materials a. Provision of Personal Protective Equipment (PPE) 1. N-95 Respirator mask 2. Goggles 3. Disposable or re-usable gown 4. Disposable gloves 5. Cap & shoe covers b. Laboratory reagents for diagnostic tests c. Medical supplies including drugs and medicines	2. Supplies and Materials a. Provision of Personal Protective Equipment (PPE) 1. N-95 Respirator mask 2. Goggles 3. Disposable or re-usable gown 4. Disposable gloves 5. Cap & shoe covers b. Laboratory reagents for diagnostic tests c. Medical supplies including drugs and medicines	2. Supplies and Materials a. Provision of Personal Protective Equipment (PPE) 1. N-95 Respirator mask 2. Goggles 3. Disposable or re-usable gown 4. Disposable gloves 5. Cap & shoe covers b. Laboratory reagents for diagnostic tests c. Medical supplies including drugs and medicines

I. Medical Supplies 1. Thermometer 2. Sphygmomanometer 3. Stethoscope 4. Oxygen mask 5. Oxygen tank	I. Medical Supplies 1. Thermometer 2. Sphygmomanometer 3. Stethoscope 4. Oxygen mask 5. Oxygen tank	I. Medical Supplies 1. Thermometer 2. Sphygmomanometer 3. Stethoscope 4. Oxygen mask 5. Oxygen tank	I. Medical Supplies 1. Thermometer 2. Sphygmomanometer 3. Stethoscope 4. Oxygen mask 5. Oxygen tank
II. Disinfectant Solution 1. 70% Isoprophyl alcohol 2. Sodium Hypochlorite 3. Alcohol-based hand rub e.g. hand sanitizer 4. Liquid soap	II. Disinfectant Solution 1. 70% Isoprophyl alcohol 2. Sodium Hypochlorite 3. Alcohol-based hand rub e.g. hand sanitizer 4. Liquid soap	II. Disinfectant Solution 1. 70% Isoprophyl alcohol 2. Sodium Hypochlorite 3. Alcohol-based hand rub e.g. hand sanitizer 4. Liquid soap	II. Disinfectant Solution 1. 70% Isoprophyl alcohol 2. Sodium Hypochlorite 3. Alcohol-based hand rub e.g. handsanitizer 4. Liquid soap

2. Procedures

2.1. Selection:

2.1.1. The DOH-Task Force on SARS Prevention and Control under the Hospital Operation Sub-Committee (D.O. No. 82, s. 2003) shall select and recommend the DOH hospitals that will be designated as SARS National Referral Center (NRC) and Sub-National Referral Centers (SNRC's). An Administrative Order for this purpose shall be issued upon approval by the Secretary of Health.

2.1.2. The Center for Health Developments (CHD's) shall nominate/recommend the DOH Hospitals that will be designated as SARS Satellite Referral Hospitals (SRC). There shall only be one (1) SRC in each region. The CHD's shall assure the sustainability of SRC's.

Criteria for Nomination:

- The hospital should be strategically located;
- The hospital shall have the most advanced facilities than the other hospitals.
- Can meet the standard required for the SRC.

2.2. The nominated hospitals can apply to the DOH—SARS Task Force on External Affairs and Logistics Sub-Committee for funding support for the equipment upgrading, renovation of hospitals and provision of supplies and materials and training.

2.3. The Bureau of Health Facility Service (BHFS) shall monitor the nominated hospitals based on standards accredit the said hospital.

2.4. For those private hospitals who Wish to admit SARS patients shall be classified as Satellite Referral Hospital, provided they meet the requirements.

3. Quality Assurance (Q.A.)

The SARS National Referral Center shall conduct the QA for the Sub—National Referral Center and the Sub~Nationa1 Referral Center shall do QA of the Satellite Referral Center.

VI. Funding:

The DOH—SARS Taskforce on SARS under the External Affairs and Logistics Sub—Committee (D.O. No. 82, s. 2003) shall manage resources for SARS related activities. Further, they shall assure the funding support for the upgrading of facilities and provisions of equipments, supplies and trainings of the SARS Referral Hospitals.

Release and allocation of funds shall be based on the Administrative Order No. 58, s. 2003 entitled: "Guidelines of Transfer of Funds Utilization Intended for the Capabilinz Upgrading of Specycic DOH-SARS Referral Hospitals" shall be followed.

VII. Repealing Clause:

Administrative Order Nos. 45 and 46, series of 2003 entitled: "Designation of the following Department of Health Hospitals as SARS Referral Hospitals" are hereby repealed/rescinded.

Further, the provision of any previous issuances which are inconsistent with those provided in this Order are hereby rescinded and modified accordingly.

VIII. Effectivity Clause:

This Order takes effect immediately upon approval.

MANUEL M. DAYRIT, MD,
Secretary of Health

