

**[DOH ADMINISTRATIVE ORDER NO. 2010-0029,
September 29, 2010]**

**POLICIES AND GUIDELINES ON THE ESTABLISHMENT OF
OPERATION CENTER FOR EMERGENCIES AND DISASTERS**

I. BACKGROUND AND RATIONALE

The Philippines is frequently affected by calamities caused by natural, human-generated, and technological hazards which result to loss of lives, destruction of properties and disruption of basic services, among others. In order to mitigate the effects of disasters and emergencies, a system for monitoring, coordination, and evaluation of these events needs to be institutionalized.

Presidential Decree 1566 "Strengthening the Philippine Disaster Control Capability and Establishing a National Program on Community Disaster" mandates the Department of Health (DOH) as the primary agency within the National Disaster Coordinating Council (NDCC) to address specific health concerns related to emergencies and disasters. Also Republic Act 10121 "An Act Strengthening the Philippine Disaster Risk Reduction and Management System, providing for the National Disaster Risk Reduction and Management Framework and Institutionalizing the National Disaster Risk Reduction and Management Plan, appropriating funds therefore and for other purposes" under Section 2a declaration of policy states that the "policy of the State upholds the people's constitutional right to life and property by addressing the root cause of vulnerability to disasters, strengthening the country's institutional capacity for disaster risk reduction and management and building the resilience of local communities to disaster including climate change impact".

Administrative Order 168 s. 2004 on "National Policy on Health Emergencies and Disasters" and Administrative Order No. 155 entitled "Implementing Guidelines for Managing Mass Casualty Incidents During Emergencies and Disasters" mandate the Centers for Health Development (CHDs) and DOH hospitals, as the regional forefront of health services, to continuously report and update the DOH on all emergencies and disasters with impact on health in their respective jurisdictions. Administrative Order No. 24 s. 2008, or the "Adoption and Integration of the Code Alert System", was put in place to efficiently mobilize and deploy resources and to describe the expected level of preparation and response of the Department of Health during emergencies and disasters.

To support the implementation of those policies, the CHDs and DOH hospitals should strengthen or maintain operations centers in their facilities to monitor and manage all health and health-related events at their level and to make all the information needed by the DOH-HEMS Operation Center available for decision making, resource mobilization, and coordination that maybe required in effectively dealing with such events. Emergency and disaster response would require the CHDs and hospitals to adopt a system that would facilitate a rapid organizational shift from a day to day

operation to a heightened mode of action. In some instances, the CHD will need to establish an on-site operation center to direct ground operations while CHD or hospital-based operation center plan and coordinate responses and mobilize additional resources. Hence, all health facilities from National to Local should establish an operation center.

II. OBJECTIVES

A. GENERAL

To provide policies and guidelines in the establishment of Operation Center (OPCEN) at all levels from the national to the local government to ensure a well coordinated response of the health sector.

B. SPECIFIC

1. To develop policies and guidelines on the establishment and management of an OPCEN.

1. To identify the functions of an OPCEN at the different levels.
2. To identify minimum specifications for the design of an OPCEN.
3. To identify minimum standard for logistical requirements (i.e., equipment, supplies, furnishings, materials, etc) needed in an OPCEN.
4. To identify human resource requirements for the operation of an OPCEN.
5. To identify the coordination mechanism and the relationship among OPCENS.
6. To identify the source of funding to ensure sustainability of operation.

III. SCOPE AND COVERAGE

This Order shall apply to DOH Central, all Centers for Health Development and DOH hospitals. It shall, likewise, apply to local government units and other institutions, whether government , non government or private, who are involved in health emergency and disaster response.

IV. DEFINITION OF TERMS

1. Command – an order or instruction given by the person in authority for the performance of the organization’s role and tasks.

2. Control – the exercise of power within the scope of authority in the management of emergencies and disaster response.

3. Command post – a form of site-level emergency operations center, assembled as needed by the first agencies to respond to an event and is concerned mainly with direct operational procedures.

4. Coordination – the bringing together of organizations and elements to ensure effective counter-disaster response. It is primarily concerned with the systematic acquisition and application of human and logistical resources in accordance with the requirements imposed by the threat or impact of an emergency or disaster.

5. Disaster – any event, in which local emergency management measures were insufficient to cope with a hazard, whether due to lack of time, capacity or resources, resulting in unacceptable levels of damage or number of casualties.

6. Emergency – any public health situation endangering the life or health of a significant number of people and demanding immediate action. An emergency situation may result from a natural, human generated, technological or societal hazard.

7. Event – an emergency incident or occurrence with the potential to cause direct negative health impacts or indirect administrative concerns that might affect health operations.

8. Hazard – any phenomenon which has the potential to cause disruption or damage to people, their properties, their services, their livelihood and their environment.

9. Major Emergency – any event (happening with or without warning) causing or threatening death or injury, damage to property or the environment or disruption to the community which, due to the scale of its effects, cannot be dealt with by the emergency services and local authorities as part of their day-to-day activities.

10. Mass Casualty Incident – an event in which the number of casualties (dead and injured) is of sufficient magnitude as to overwhelm the available resources of the facility or community.

For the purpose of this policy the number of casualties with sufficient magnitude is ten (10) or more.

V. GENERAL POLICIES

1. The HEMS Central Office shall establish a strategically located permanent facility known as the Operation Center (OPCEN) that shall run on a 24/7 basis.

2. The HEMS Central Office shall identify strategically located alternate OPCEN in Metro Manila, Luzon, Visayas and Mindanao. These facilities should be a mirror image of Central Office HEMS OPCEN.

3. All Centers for Health Development, DOH Hospitals, as well as Local Government Units (LGUs) and other members of the Health Sector, shall have an OPCEN that can be activated based on AO 2008-0024, entitled "Adoption and Institutionalization of an Integrated Code Alert System within the Health Sector".

4. All regions that are high risk for emergencies and disasters should have a 24/7 OPCEN.

5. All OPCEN shall be equipped with the necessary resources (see Annex A*) and manned by staff as defined in Annex B.

6. All OPCEN shall ensure the establishment of communication links with members of the health sector and other networks for effective coordination and response to emergencies and disasters.

7. All OPCEN personnel shall undergo regular training and capacity building activities and routinely review and update current operation guidelines and procedures.

8. All concerned agencies or offices must allocate adequate funds to ensure the functionality of their respective OPCEN.