



Republic of the Philippines
Department of Health
Eastern Visayas
Center for Health Development



COVID-19 ADVISORY NO. 004
EASTERN VISAYAS
MARCH 24, 2020


Management of Surge Capacity through the Conversion of Public Spaces to Operate as Temporary Treatment and Monitoring Facilities for the Management of Persons under Investigation and Mild Cases of Coronavirus Disease 2019 (COVID-2019)

On March 10, 2020, the Philippines was declared to be under Alert Level 4, Code Red Sublevel 2. Over the succeeding days, with the number of COVID-19 cases observed to rise and the confirmation of a positive COVID-19 case in Eastern Visayas on March 23, 2020, the capacities of all our health facilities are expected to be fully utilized.

In order to reduce the exposure of the general population to COVID-19 patients and enhance the surge capacity of our existing health facilities, **All Local Government Units and their Local Health Managers who require temporary treatment and monitoring facilities** are enjoined to improve the surge capacity of your local health system through the identification, assessment and conversion of viable public spaces such as auditoriums, gymnasium, classrooms, vacant hotels, courts, open fields with tents, and the like as temporary treatment and monitoring facilities to manage COVID-19 PUIs and confirmed cases of mild COVID-19.

For your guidance, please refer to issuance adopted by the DOH-EV CHD pursuant to the DM 2020 – 0123 on the Management of Surge Capacity through the Conversion of Public Spaces to Operate as Temporary Treatment and Monitoring Facilities for the Management of Persons under Investigation and Mild Cases of Coronavirus Disease 2019 (COVID-2019), **CHD-EV Memorandum No. 037 s. 2020.**

Please be guided accordingly.


MINERVA P. MOLON, MD, MPH, FPPA, CESO III
Director IV



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MEMORANDUM NO. 037 S. 2020

TO : PROVINCIAL DOH OFFICES

FROM: MINERVA P. MOLON, MD, MPH, FPPA, CESO III
Director IV

DATE : March 24, 2020

SUBJECT: Adoption of Interim Guidelines on the Management of Surge Capacity through the Conversion of Public Spaces to Operate as Temporary Treatment and Monitoring Facilities for the Management of Persons under Investigation and Mild Cases of Coronavirus Disease 2019 (COVID-2019)

I. BACKGROUND

On March 10, 2020, the Philippines was declared to be under Alert Level 4, Code Red Sublevel 2. Over the succeeding days, with the number of COVID-19 cases observed to rise, the capacities of all our health facilities are expected to be fully utilized.

In order to reduce the exposure of the general population to COVID-19 patients and enhance the surge capacity of our existing health facilities, the Department of Health –EV CHD hereby adopts the Department Memorandum No. 2020-0123 dated March 16, 2020 issued by the Office of Secretary to provide guidance for health managers and among Local Government Units (LGU) to improve the surge capacity of the local health system by identifying and converting viable public spaces such as auditoriums, gymnasium, classrooms, vacant hotels, courts, open fields with tents, and the like as temporary treatment and monitoring facilities to manage COVID-19 PUIs and confirmed cases of mild COVID-19.

II. OBJECTIVE

This shall provide guidance in managing the potential surge of COVID-19 patients in different health facilities through the identification, assessment and conversion of viable public spaces into temporary treatment and monitoring facilities.

III. SCOPE AND COVERAGE

These interim guidelines shall cover all LGUs and health managers who require temporary treatment and monitoring facilities

IV. GENERAL GUIDELINES

- A. Urban health centers and rural health units are enjoined to provide services for 24 hours, 7 days a week, or operate on an on call basis after office hours.
- B. The health manager or LGU may identify and consider converting public spaces into temporary treatment and monitoring facilities when necessary, to cater to the

- increasing number of Persons Under Investigation (PUI) and cases of COVID-19 patients with mild symptoms in the following conditions:
1. Municipality, City, or Province has declared an enhanced community quarantine;
 2. Current health facilities are operating nearing its maximum surge capacity.
- C. Possible areas that may be converted include auditoriums, gymnasium, classrooms, vacant hotels, courts, and open fields with tents. They may consider partnership with Non-Government Agencies and Private Sector for the use of these public spaces.
- D. Operations of these temporary treatment and monitoring facilities shall be under the supervision of the City/Municipal Health Officer who shall assign a facility manager when necessary, and shall serve as an extension of their Urban Health Centers/Rural Health Units.
- E. These treatment facilities shall provide the following services:
1. Outpatient Services
 - a.) Consultation for patients experiencing mild respiratory symptoms (fever, cough, colds, etc.);
 - b.) Provision of supportive treatment and psychosocial service;
 2. Treatment and monitoring services for PUIs who do not have optimal isolation space in their homes, and confirmed COVID-19 patients with mild symptoms, which includes vital signs monitoring, appropriate clinical management;
 3. Timely referral to appropriate health facilities as needed.
- F. The health manager or LGU may develop mechanisms to ensure coordination with Urban Health Centers/Rural Health Units and access to higher centers or health facilities that provide intensive care services and for proper and timely referral of patients as indicated in Department Memorandum No. 2020-0072, "Interim Guidelines for 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in Hospitals and Other Health Facilities (ANNEX A).
- G. Conversion of public spaces into temporary treatment and monitoring facilities shall follow principles and protocols related to Infection Prevention and Control. Confirmed COVID-19 patients may be placed in shared space or rooms. PUIs shall be separated in a different space/tent/room provided with individual enclosed spaces and separate entrance.
- H. The health manager or LGU shall ensure the provision of basic needs for patients, such as food, water, sanitation, and communication.
- I. The temporary treatment and monitoring facility shall be limited only to health workers and patients. No visitors shall be allowed in the area.
- J. The temporary treatment and monitoring facility shall provide for infection control measures, water, sanitation and hygiene facilities including but not limited to availability of toilets, solid waste management/disposal, vector control and other similar /related health requirements.

V. SPECIFIC GUIDELINES

A. Patient Management

1. Patients classified as Persons Under Investigation (PUI)
 - a.) May be accommodated in temporary treatment and monitoring facilities provided they are in separate isolation rooms that meet the standards on converted private rooms detailed in Department Memorandum No. 2020-0062,

"Guidelines on the Standards of Airborne Infection Isolation Room and Conversion of Private Rooms and/or Wards into Temporary Isolation Rooms for the Management of Patients Under Investigation (PUI) for 2019 Novel Coronavirus (nCOV)" (ANNEX B).

b.) In compliance with Infection Prevention and Control standards, PUI cannot be cohorted together.

2. Confirmed COVID-19 with mild symptoms, no comorbidities, and aged 18-60 years may be accommodated and managed in the converted treatment and monitoring facilities.
3. Confirmed COVID-19 with severe symptoms, with comorbidities, aged 0-18 or 60 years and above may be referred to the nearest Level 2 or Level 3 hospital accepting PUI or confirmed COVID-19 patients for appropriate management.

B. Location Features

Identified space should:

1. Be accessible within a maximum of two (2) hours to a Level 2 or Level 3 hospital accepting PUI or confirmed COVID-19 patients;
2. Have uninterrupted access to electricity, potable water source, and sewer line;

C. Minimum Infrastructure Requirement

1. Temporary treatment and monitoring facilities must be fully enclosed with adequate lighting;
2. There should be at least fan ventilation to be provided;
3. There should be a separate entrance and exit for the patients and healthcare workers;
4. The facility should be divided into three (3) zones namely: contaminated, buffer and sterile zones.
 - a.) Contaminated Zone: serve as the area where patients are admitted/ contained.
 - b.) Buffer Zone: serves as an area for doffing of PPE, decontamination, and hand hygiene.
 - c.) Sterile Zones: serves as holding area and entrance for healthcare workers, and the area for Personal Protective Equipment (PPE) donning of health workers.
5. Distance between patient beds should be maintained at least 3 feet apart on all sides;
6. Temporary partitions should be provided to ensure patient privacy (i.e. drapes or low walls) for COVID-19 patients placed in a shared space or room.
7. A backup supply of electricity and free-flowing water for at least 72 hours must be ensured, in case of water and power interruption;
8. The provision of fixed or temporary plumbing fixture per person must follow the following requirements:
 - a.) Ratio requirements:
 - (1.) One (1) water closet per 25 males and one (1) per 20 females
 - (2.) One (1) urinal per 10-50 males, adding one (1) fixture for each additional 50 males
 - (3.) One (1) lavatory for every 10 males and one (1) for every 10 females
 - (4.) One (1) shower per 8 persons

b.) Contaminated cases of COVID-19 may share toilets and showers. Regular disinfection should be practiced in accordance with DM 2020-0072 (see ANNEX A).

c.) A dedicated toilet and shower for each PUI should be provided when possible. In cases where this arrangement is not feasible, the toilet/shower facilities must be disinfected after every use.

9. There may be provision or access to laundry services.

D. Minimum Medicines, Medical Supplies, and Equipment Requirement:

1. The LGU must ensure the availability of necessary medicines and medical supplies for supportive treatment and emergency care (Annex C);

2. The temporary treatment and monitoring facilities must have access to at least a secondary clinical laboratory and basic radiologic services such as X-ray.

E. Minimum Human Resources Requirements:

1. The LGU may source from its health network or private sector partners the necessary human resources needed to operationalize the temporary treatment and monitoring facility to ensure a 24/7 operation.

2. Each temporary and treatment monitoring may have the following minimum human resource:

- a.) At least one (1) Physician per shift
- b.) At least three (3) Nurses per shift (1 Nurses: 12 Patients)
- c.) Support Staff

- (1.) At least two (2) security personnel per shift (1 for each entrance).
- (2.) At least one (1) maintenance staff per shift

3. The LGU may likewise provide the following additional human resources as the need arises:

- a.) At least one (1) pharmacist per shift (1 pharmacist: 100 patients)
- b.) At least one (1) nutritionist-dietitian (1 ND: 50 patients)
- c.) At least one (1) medical social worker per shift (1 MSW: 25 patients)
- d.) At least five (5) food handlers: (10:100 patients)

4. The LGU should also ensure the availability of psychosocial interventions for healthcare workers deployed in these temporary treatment and monitoring facilities.

F. Minimum Requirements for the Adherence to Infection Prevention and Control

1. Adequate Personal Protective Equipment (PPE) must be provided to both patients and all healthcare workers and deployed in these facilities, which may include:

- a.) For healthcare workers:
 - (1.) Surgical masks
 - (2.) Gowns
 - (3.) Goggles/face shields
 - (4.) N95 respirators

- b.) For patients
 - (1.) Surgical masks

2. Rational use of the provided PPE must be ensured.

G. Minimum Requirements for Healthcare Waste Management

1. Segregation, collection, and handling of all waste generated from these temporary treatment and monitoring health facilities may abide by the principles of healthcare waste management.
2. LGUs may refer to DM No. 2020-0072 in Annex A for a more detailed guide on healthcare waste management for highly infectious waste and the appropriate treatment of soiled linens and clothes.

H. Availability of Transport and Referral Protocols

1. All temporary treatment and monitoring facilities shall have access to at least a Type I Basic Life Support (BLS) Ambulance as defined in the Administrative Order No. 2018-0001, "Revised Rules and Regulations Governing the Licensure of Land Ambulances and Ambulance Service Providers."
2. All patients whose symptoms progressed may be referred to a facility with intensive care services. Referral to these health facilities may be in accordance with Department Memorandum No. 2020-0108, "Guidelines for Management of Patients with Possible and Confirmed COVID-19" and its amendments. For guidance and strict compliance.

For widest dissemination and immediate coordination with Provincial, City, and Municipal Health Officers for the awareness and compliance of Local Government Units.