



Republic of the Philippines
 Department of Health
OFFICE OF THE SECRETARY

OCT 05 2020

ADMINISTRATIVE ORDER

No. 2020 - 0016 - A

SUBJECT: Amendment to Administrative Order No. 2020-0016 entitled, "Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies"

Pursuant to Republic Act 11332, also known as the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act" the State recognizes disease surveillance and response systems of the Department of Health (DOH) and its local counterparts, as the first line of defense to epidemics and health events of public concern pose risk to public health and security. Under Section 4 (h) of the act, one of its objectives is to require public and private physicians, allied medical personnel, professional societies, and hospitals to actively participate in disease surveillance and response.

Response, as defined in the law, refers to the implementation of specific activities to control further spread of infection, outbreaks or epidemics and prevent reoccurrence. It includes verification, contact tracing, rapid risk assessment, case measures, treatment of patients, risk communication, conduct of prevention activities, and rehabilitation.

Similarly, as provided under Section 6, thereof, DOH and its local counterparts have the statutory and regulatory authority to enforce disease prevention and control measures, as well as response activities for events of public health concern.

In addition, the Republic Act 11494, also known as the "Bayanihan to Recover as One Act" provides for the enforcement of bed capacity allocation dedicated for COVID-19 response across all government and private hospitals.

In line with these, the DOH Administrative Order (AO) No. 2020-0016 entitled, "Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies" dated May 4, 2020, is hereby amended as follows:

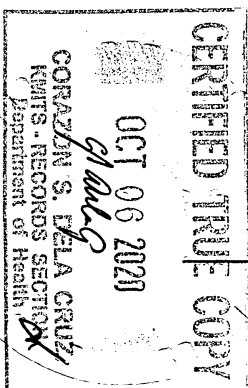
FROM:

V. IMPLEMENTING MECHANISM

B. All regions, led by DOH Centers for Health Development and DOH Regional Hospitals, shall endeavor to ensure the following minimum regional health system capacity standards for COVID-19 are met:

- 1. For infrastructure and equipment

W mee



Up

d. At least 30% of all current public and private hospital beds must have the capacity to accommodate and service COVID-19 patients, or corresponding to the peak day critical care capacity in updated projections from a DOH-recognized epidemiologic projection model for COVID-19.

TO:

V. IMPLEMENTING MECHANISM

B. All regions, led by DOH Centers for Health Development and DOH Regional Hospitals, shall endeavor to ensure the following minimum regional health system capacity standards for COVID-19 are met:

1. For infrastructure and equipment
 - d. Ensure that all **hospitals** are able to dedicate hospital beds (i.e Isolation beds, Ward beds, and Intensive Care Unit [ICU] Beds) for mild with comorbidities, severe, and critical COVID-19 patients in order to maintain the regional Critical Utilization Rate (CUR) at medium risk or below as reflected in Section D.

FROM:

V. IMPLEMENTING MECHANISM

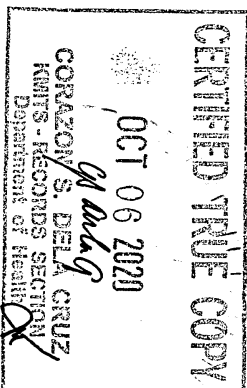
D. All health facilities at all levels shall implement the minimum health requirements for health settings (Annex B)

TO:

V. IMPLEMENTING MECHANISM

D. All health facilities at all levels shall:

1. Implement the minimum health requirements for health setting (ANNEX B).
2. Dedicate hospital beds (i.e. Isolation beds, Ward beds, and Intensive Care Unit [ICU] Beds) for mild with comorbidities, severe, and critical COVID-19 patients in all **general hospitals** in order to maintain the regional Critical Utilization Rate (CUR) at medium risk or below:
 - a. At least 30% of all current authorized bed capacity of government hospitals or the number of beds corresponding to the need during the peak day critical care capacity in updated projections from a DOH-recognized epidemiologic projection model for COVID-19.
 - b. At least 20% of all current authorized bed capacity of private hospitals and up to 30% during the surge of COVID-19 cases to accommodate and service COVID-19 patients, or the number of beds corresponding to the



W. mace

tw

- need during the peak day critical care capacity in updated projections from a DOH-recognized epidemiologic projection model for COVID-19
- c. The allocation of dedicated COVID-19 beds among ICU, Isolation, and Ward beds shall consider the following factors:
 - i. Case distribution and profile
 - ii. Service capability of the health facility
 - d. Assignment of dedicated COVID-19 beds within a network of hospitals equivalent to the corresponding percentages as stated above may be allowed provided that there is a formalized agreement among the health facilities in the network. For a network composed of both private and government hospitals, the dedicated COVID-19 beds shall be equivalent to at least 30%.
 - e. Targets for the dedicated hospital beds for COVID-19 in specialty hospitals shall be adjusted accounting for beds intended for specialty care.


Inclusion of new section, VI. PENAL PROVISION.

Non-compliance with this Order, as amended, may constitute prohibited acts under Section 9(c) and 9(d) of R.A 11332 with the corresponding penalties in its Section 10, without prejudice to other administrative sanctions that may be imposed as applicable.

Cancellation of a facility's license pursuant to Section 10.4 of the Implementing Rules and Regulations of R.A. 11332 shall be subject to the procedure in Sections X (Investigation of Charges and Complaints) and XII (Appeal) of Administrative Order 2020-0012 "Rules and Procedures Governing the New Classification of Hospitals and other Health Facilities in the Philippines", as amended by Administrative Order 2012-0012A.

All subsequent sections that follow are adjusted accordingly. As thus amended, all other provisions of the Administrative Order shall remain in full effect.

This Order shall take effect immediately.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

