



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

September 10, 2021

DEPARTMENT MEMORANDUM

No. 2021- 0428

FOR : **ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM); DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT (CHD) AND HEALTH FACILITIES AND SERVICES REGULATORY BUREAU; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; LOCAL CHIEF EXECUTIVES; AND ALL OTHER STAKEHOLDERS CONCERNED**

SUBJECT : **Guidelines on the Regulation of Hospitals’ Responses Due to the COVID-19 Surge**

I. BACKGROUND/RATIONALE

The current COVID-19 surges due to the emergence of new variants necessitate that hospitals respond swiftly to meet the increasing demand for COVID-19 dedicated beds. To address this, Department Memorandum (DM) No. 2021-0327, titled “Interim Guidelines on COVID-19 Surge Response Plan for Health Facilities” dated July 23, 2021, was issued to guide the hospitals as to when to increase or decrease dedicated COVID-19 hospital and ICU beds. During the surge response stage, a government and a private hospital shall dedicate 50% and 30% of its beds, respectively, for COVID-19 response. In addition, for Levels 2 and 3 hospitals, 15% of all COVID-19 dedicated beds shall be ICU beds or ICU ready beds.

Hospitals with limited space may opt to increase their bed capacity dedicated to COVID-19 patients by establishing Hospital Extension Facilities (HEF), pursuant to DM No. 2020-0541, titled “Interim Guidelines in the Regulation of Hospital Extension Facilities for COVID-19 Patients”, which provided guidance on the prioritization and facilitation of licensure of these facilities. However, increase of COVID-19 dedicated beds within the premises of the hospital was considered as HEF in this policy, thus, requiring the hospital to secure a Department of Health – Permit to Construct and undergo the usual process of licensing. In addition, the said policy did not include regulatory guidelines on the expansion of COVID-19 dedicated ICU beds in Levels 2 and 3 hospitals. Hence, these guidelines are being issued to revise the definition and scope of HEF and simplify the recognition of additional COVID-19 dedicated beds and licensing of COVID-19 ICU beds within the premises of the hospital.

II. SCOPE OF APPLICATION

These guidelines shall apply to all hospitals, whether private or government owned.

III. IMPLEMENTING GUIDELINES

1. The hospital's surge response by increasing COVID-19 dedicated beds, in accordance with Department Memorandum (DM) No. 2021-0327, titled "Interim Guidelines on COVID-19 Surge Response Plan for Health Facilities", may be done onsite (within the hospital's compound) or off-site (outside the hospital's compound or lodged within a DOH-certified Temporary Treatment and Monitoring Facility [TTMF]).

2. The hospital's response to the COVID-19 surge may be any of the following:

2.1 Onsite

2.1.1 Onsite Surge Response Facility (OSRF) – increase of COVID-19 dedicated beds, excluding ICU beds, within the hospital premises.

2.1.2 Increase of COVID-19 dedicated ICU beds in Levels 2 and 3 general hospitals

2.1.3 Temporary COVID-19 dedicated ICU beds in Level 1 general hospital, in accordance with Department Circular (DC) No. 2021-0386, titled "Interim Guidelines on the Regulation of Temporary Intensive Care Units (TICUs) in Level 1 Hospitals to Further Expand Surge Capacity for COVID-19 Response"

2.2 Offsite

Hospital Extension Facility (HEF) - refers to offsite expansion of the following services: ward, isolation rooms, emergency room, clinical laboratory, x-ray, and pharmacy.

3. OSRF, referring to onsite COVID-19 dedicated beds, excluding ICU, shall no longer be required to secure a Department of Health – Permit to Construct (DOH-PTC) and Department of Health – License to Operate (DOH-LTO).

3.1 A written request to be submitted to their respective CHD for approval shall contain the following information:

- a. Location of OSRF in the hospital;
- b. Number of proposed additional COVID-19 dedicated beds;
- c. Number of additional personnel, per cadre, assigned to the OSRF; and
- d. List of equipment and instruments in the OSRF

3.2. The CHD shall review the request and release a written approval of the hospital's request for OSRF based on compliance with the following conditions:

- a. Current surge response stage of the hospital and region;

- b. Alignment of the requested number of additional COVID-19 dedicated beds with the allocation required during surge response stage based on DM No. 2021-0327; and
- c. The increase in COVID-19 dedicated beds in the OSRF is complemented with an appropriate type and adequate number of assigned personnel.

3.3 The CHD's written approval for the establishment and operations of an OSRF shall be valid for only three (3) months.

4. Increase of COVID-19 ICU beds in Levels 2 and 3 general hospitals shall also follow the usual licensing process.

4.1 Applications for DOH-PTC and DOH-LTO shall be submitted to their respective CHDs and shall follow guidelines in accordance with AO No. 2016-0042, titled "Guidelines in the Application for Department of Health Permit to Construct (DOH-PTC)" and AO No. 2018-0016, titled "Revised Guidelines in the Implementation of the One-Stop Shop Licensing System", respectively.

4.2 The DOH-LTO of the additional COVID-19 ICU beds due to surge shall be separate from the existing DOH-LTO of the hospital and shall be valid for six (6) months.

5. Establishment of HEF shall follow the usual licensing process, but shall be prioritized and facilitated.

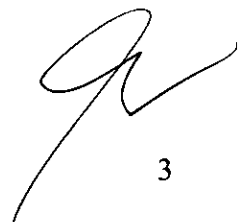
5.1 Hospitals shall secure a Department of Health – Permit to Construct (DOH-PTC) and Department of Health – License to Operate (DOH-LTO) from their respective Center for Health Development (CHD) for the establishment and operation of HEF, in accordance with the procedural guidelines in the Department Memorandum (DM) No. 2020-0541, titled "Interim Guidelines in the Regulation of Hospital Extension Facilities for COVID-19 Patients."

5.2 A separate DOH-LTO shall be issued with a validity of six (6) months.

IV. MONITORING OF OSRF, HEF, AND COVID-19 DEDICATED ICU BEDS

1. The CHDs shall conduct monitoring of OSRFs, DOH-licensed HEFs and COVID-19 dedicated ICU beds to ensure continuous compliance with the requirements of this guideline, DC No. 2020-0406 titled "Enforcement of Bed Capacity Allocation of Hospitals Dedicated for COVID-19 Response", and other relevant DOH issuances.

2. The hospital shall submit data on its bed allocation and utilization of its OSRF, HEF, and/or additional COVID-19 ICU beds, to DOH Data Collect Bed Tracker, in accordance with DM No. 2020-0136 titled "Interim Guidelines on Harmonized and Daily Health Facility Reporting of COVID-19 Related Essential Resources and Supplies Using the DOH DataCollect Application."



V. VALIDITY OF DOH-LTO

The DOH-LTO of HEF and additional COVID-19 ICU beds in Levels 2 and 3 general hospitals shall be valid for six (6) months. The DOH-LTO of HEF may be automatically extended by the CHD once for another 6 months, based on the current alert level status of the hospital and region.


VI. REPEALING CLAUSE

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

VII. EFFECTIVITY

This issuance shall take effect immediately.

For strict compliance and dissemination to all concerned.


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