

## **MISSION and VISION**

### **MISSION:**

**TO PROVIDE THE MUNICIPALITY OF POTOTAN AN EQUITABLE, PEOPLE CENTERED AND QUALITY HEALTH SERVICES THROUGH GOOD GOVERNANCE AND LEADERSHIP THROUGH MULTI STAKEHOLDERS APPROACH TOWARDS UNIVERSAL HEALTH CARE**

### **VISION**

**A GLOBALLY COMPETITIVE AND SUSTAINABLE MUNICIPALITY WIDE HEALTH SYSTEM FOR A HEALTHIER POTOTANONS BY 2025**

## POTOTAN RURAL HEALTH UNIT AND BIRTHING CENTER AND PRIMARY CARE FACILITY

### I PATIENTS RIGHTS AND ORGANIZATION ETHICS

#### **CONSENT Informed Consent for Vaccination and Any Invasive Procedure from RHU**

Parent's/Guardian's Consent for Minor's Vaccination I confirm that I have been provided with and have read the about the vaccines/procedure that is routinely done by Pototan Rural Health Unit and Birthing Center and Primary Care .The DOH has authorized the use of the vaccine/procedure under its License to Operate .I confirm that the minor has been screened for conditions that may merit deferment or special precautions during vaccination /procedure as indicated in the Health Screening. I have received sufficient information on the benefits and risks and I understand the possible risks if the minor is not vaccinated. I was provided an opportunity to ask questions, all of which were adequately and clearly answered. I, therefore, voluntarily release the Government of the Philippines its employees, as well as the Pototan Rural Health Unit and Birthing and Primary Care Facility, the medical doctors and personnel all claims relating to the results of the use and administration of vaccine/procedure. I understand that while most side effects are minor and resolve on their own, there is a small risk of severe adverse reactions, such as, but not limited to allergies, and that should prompt medical attention be needed, referral to the nearest Pototan Rural Health Unit and Birthing and Primary Care Facility shall be provided immediately by the Government of the Philippines. I have been given contact information for follow up for any symptoms which may be experienced after vaccination/procedure. I authorize releasing all information needed for public health purposes including reporting to applicable national vaccine registries, consistent with personal and health information storage protocols of the Data Privacy Act of 2012. Nonetheless, I understand that despite such authorization and consent given by me to release all personal and sensitive information for public health purposes, I remain entitled to the rights afforded to a Data Subject under the Data Privacy Act of 2012. In providing my consent below, I confirm that I have the legal authority to give consent for the vaccination of the minor/conduct procedure named above: I hereby give consent to the vaccination of the minor named above with the government provided vaccines/minor procedure. I affirm that I have understood and reviewed the information  
(If this consent is not signed, dated and returned, the minor will not be vaccinated).

\_\_\_\_\_  
Signature over Printed Name of the Parent/Guardian

\_\_\_\_\_  
Date: \_\_\_\_\_

## PATIENTS RIGHT

# THE PATIENT HAS THE RIGHT...\*

ANG PASYENTE AY MAY KARAPATANG...\*

- TO BE GIVEN QUALITY CARE IN A SAFE SETTING**  
*Mabigyan ng de-kalidad na serbisyong pangkalusugan sa isang ligtas at maayos na sitwasyon nang walang diskriminasyon.*
- TO BE ASSIGNED A COMPETENT PHYSICIAN, AND KNOW ABOUT POSSIBLE FINANCIAL ASSISTANCE**  
*Matingnan ng manggagamot na may sapat na kakayanang magbigay ng kalidad na serbisyong pangkalusugan. Dapat ding mabigyan ng kaalaman tungkol sa pangangailangan.*
- TO BE ALLOWED TO NOTIFY CHOSEN RELATIVES AND DOCTOR ABOUT HOSPITAL ADMISSION**  
*Malpaalam sa pamilya at mga kamag-anak ang tungkol sa kanyang itatagayon at pagkakapatak sa ospital.*
- TO BE ACCOMPANIED DURING HOSPITAL STAY**  
*Magkaroon ng kasama sa panahon ng paglalagay sa ospital, maliban nalang kung hindi kinakailangan, o maglalagay sa panganib at may negatibong epekto sa iba.*
- TO BE ALLOWED TO EXERCISE SPIRITUAL AND CULTURAL BELIEFS**  
*Malayang magawa ang mga aktibidad na may kinalaman sa kultural at espiritwal nang walang balakid.*
- TO BE INFORMED AND CONSENT TO PROCEDURES**  
*Malaman at maunawaan ang tungkol sa anumang prosesong gagawin (kabilang na ang mga posibleng epekto nito), at malayang makapagdesisyon ukol dito.*
- TO BE SECURED OF THE PRIVACY AND CONFIDENTIALITY OF HIS/ HER MEDICAL RECORDS**  
*Maigulang pribado at kompidensyal ang mga medikal na rekord, at ang maawit lamang na makakuha ng mga rekord na ito ay ang pasyente, o kapag iniutos ng korte.*
- TO BE ACCOMPANIED DURING PHYSICAL EXAMINATION**  
*Magkaroon ng kasama sa tuwing magpapatingin sa doktor.*
- TO BE REPRESENTED IN BEHALF OF THEM**  
*Makapaglatalaga ng taang magrepresenta sa kaniya, kung kakailanganin.*
- TO BE INFORMED OF THE COMPLAINTS AND GRIEVANCE PROCESS**  
*Malaman ang proseso tungkol sa paghahain ng mga reklamo, at magawa ito nang walang takot sa maaaring maging epekto sa kanyang pagkuha ng serbisyo.*

If there are issues not resolved to your satisfaction, or if you would like the help of someone not immediately involved, talk to the Patient Relations Staff, or to the Chief of Hospital or Hospital Director. If you feel the above remains unsatisfactory, you may choose to file a formal grievance with following agencies: DOH Regional Office \_\_\_\_\_ DOH Central Office, Health Facilities & Services Regulatory Bureau (02) 633-7800 loc. \_\_\_\_\_

Se pagkakatapos ng hindi maresolba ang mga kanyang isang problema, maaaring kausapin ang Patient Relations Staff, Chief of Hospital, o Hospital Director. Maaari ring magbigay-pagpapunta sa mga kausapang na dalawin ng DOH upang maghain ng permit na reklamo: DOH Regional Office \_\_\_\_\_ DOH Central Office, Health Facilities & Services Regulatory Bureau (02) 633-7800 loc. \_\_\_\_\_

DOH Logo

DHA Logo

\*As based from the Department of Health Administrative Order 2017-0061 (Batay sa DOH Administrative Order 819, 2017-0061)

### A. PATIENTS RIGHTS AND RESPONSIBILITIES

#### Purpose:

To ensure high quality compassionate care provided in respectful manner that fosters patient dignity. Recognize and respect patient rights which directly affect their care to promote patient autonomy, dignity and respect for personal values, beliefs and care preference. To ensure the patient, their families, or their designee, are aware of their rights and responsibilities.

## **Policy Statement**

It is the policy of Pototan Rural Health Unit and Birthing and Primary Health Care Facility Municipal Health Office to support and inform each patient of his/her rights and responsibilities. These rights are extended to each patient regardless of the patient's age, sex, race, creed, national origin, ethnic group, religion, economic, or cultural background or source of payment. Patients are informed of their rights, as appropriate. These rights can be exercised on the patient's behalf by a parent or legal guardian if the patient is a minor, or if the patient lacks decision- making capacity or has been deemed legally incompetent.

Pototan Rural Health Unit and Birthing and Primary Health Care Facility Municipal health Office understands that communication and information are important areas of rights and respect for patients. It is the policy of the facility to provide patients with unrestricted access to all forms of communication. Sometimes, however, it may be necessary to restrict visitors, mail, calls, or other forms of communication as a component of a patient's care (for example, to prevent injury or deterioration in the patient, damage to the environment or infringement on the rights of others).

## **Statement of Patients' Rights and Responsibilities**

- ✓ Medical care and services without discrimination based upon race, color, religion, sex, sexual preference, national origin, source of payment, or disability;
- ✓ Care that is considerate and respectful of his or her personal values and beliefs and the right to express those values and beliefs which do not harm others or interfere with medical therapy;
- ✓ Know the name and professional status of the physician, who has primary responsibility for his or her care, as well as other physicians and non-physicians involved in providing care;
- ✓ Be informed about his or her responsibilities related to his or her care, treatment, and services;
- ✓ Receive information in a manner tailored to the patient's age, language, and ability to understand. This information is to be relevant, current, and easily understood concerning diagnosis, treatment, and prognosis;
- ✓ Be provided interpreting and translation services, as necessary;
- ✓ Receive communication with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs;
- ✓ Participate in making decisions about his or her care, treatment, and services, including the right to have his or her own physician promptly notified of his or her admission to the hospital;
- ✓ Patients who have decisional capacity have the right to refuse care, treatment, and services including leaving against medical advice and be respected of this decision, give or withhold informed consent;
- ✓ Give or withhold informed consent to produce or use recordings, films, or other images of the patient for purposes other than his or her care;
- ✓ Be informed of the risks, benefits, alternatives, and procedures to be followed if experimental treatment or research is being proposed; the patient has the right to refuse to participate in such treatment or research without limiting his or her access to care and services;
- ✓ To be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.
- ✓ To be in an environment that preserves dignity and contributes to a positive self-image;

- ✓ File a complaint and to expect prompt referral to appropriate hospital administrative personnel for resolution. The patient also has the right to file a complaint with state and federal advocacy and licensing groups, as well as accreditation agencies.
- ✓ Access protective and advocacy services;
- ✓ To be free from restraints and seclusion of any kind that is used as a means of coercion, discipline, convenience, or retaliation by staff;
- ✓ Confidentiality regarding his or her care and clinical records and the right to access information contained in his or her records within a reasonable time frame;
- ✓ Be informed of unexpected as well as expected outcomes resulting from care provided;
- ✓ Have his/her pain managed safely and effectively through ongoing assessment and timely responsive interventions and minimize the risks associated with pain treatment. Patients can expect to receive information about pain relief measures, as appropriate, and to be involved in decisions related to their pain management;
- ✓ Receive quality care and clinical decisions regarding care based on health care needs, not financial incentives;
- ✓ Obtain knowledge of any professional and/or business relationships that may exist between individuals, other organizations or health care services, or educational institutions involved in his/her care;
- ✓ Receive referrals based on patient choice, after receiving information, including disclosure of any relationships that may exist.
- ✓ The patient's presence in the hospital and condition may be released to those requesting the information, unless the patient has stipulated otherwise or unless the patient is admitted for treatment of psychiatric illnesses. In cases that are reportable to public authorities, the patient's identity, the nature of the illness or injury and the patient's condition may be released without the patient's consent.
- ✓ The right to request and receive a detailed explanation of the hospital bill and to receive information and counseling on the availability of known financial resources for health care.
- ✓ Patient has the right to receive, hold, and dispose of personal property; however, access to personal property may be restricted for medical and/or security reasons.

## **A. INFORMED CONSENT FOR PROCEDURES OR REFUSAL TO CONSENT TO CARE**

### **Purpose**

To ensure that patients receiving care or treatment in Pototan Rural Health Unit and Birthing and Primary Health Care Facility Municipal Health Office are properly informed of the relevant risks, benefits and alternatives before receiving care so that they make informed decisions concerning their health care, and to ensure that the patients consent or refusal of treatment is appropriately documented in the medical record.

### **Policy**

Except in emergencies, practitioners who provide care or treatment in Pototan Rural Health Unit and Birthing and Primary Health Care Facility Municipal Health Office shall, before providing

treatment, obtain document informed consent or refusal of treatment from the patient or the patient's guardian or surrogate decision-maker.

## **Procedure**

1. **Responsibility for Obtaining Consent.** The physician is ultimately responsible for discussing the proposed care with the patient, obtaining valid informed consent from the patient or their authorized surrogate decision maker. Nurse or midwife may serve as a witness and may assist the physician. However, the physician may utilize their staff to help obtain or document patients consent or refusal.
2. **Process of Obtaining Informed Consent.** Except in emergencies, primary health care workers should comply with the following process when obtaining and documenting informed consent or refusal of treatment.
  - a. Upon informing the patient or his qualified surrogate decision-maker, informed consent shall be obtained after thorough explanation of the treatment/procedure risks, advantages and possible complications.
  - b. The primary care facility shall obtain informed consent prior to procedure for but not limited to the following; all type of surgeries, administration of anesthesia, diagnostic procedures, circumcision, incision and drainage, excision of small mass, debridement (unless emergency), IUD insertion and sterilization, and immunization for adults.
  - c. In obtaining informed consent, the physician or their designated staff should generally discuss with the patient or guardians the need and nature of procedure, reasonably probable benefits and significant risk, side effects and potential consequences of proposed treatment/procedure. Treatment alternatives shall also be discuss with their associated risks and benefits.
  - d. The patient's or surrogate decision-makers informed consent shall be documented in patients' medical record.
  - e. Any consent forms or written material used to explain the procedures and associated risk or benefits should be reviewed periodically by the healthcare provider to ensure information contained in the forms is current and accurate.
  - f. After performing all necessary steps prior to procedure, let the patient, legal guardian or surrogate decision-maker to sign the Consent for Procedure/Treatment Form and document in the medical record accordingly.
3. **Oral Consent.** In rare circumstances, it may be necessary to obtain consent from patient's guardian through telephone. In such cases, healthcare worker should immediately document the conversation in medical record and forward a written consent to complete and return to the primary care facility for inclusion in the medical record.
4. **Emergencies.** In an emergency situation, practitioners may initiate appropriate care without obtaining prior informed consent if he/she determines that there is substantial likelihood that the patient's life or health may be seriously endangered without immediate treatment. The practitioner must document in the medical record the facts that makes the situation emergency.
5. **Scope and Duration of Consent.** Informed consent is generally limited to the specific treatment or course of treatment identified in the communication with the patient and any incidental, included

procedures. The practitioner shall obtain and document patients consent if; 1. New or different procedure is contemplated, 2. Circumstances has changed, 3. Significant lapse of more than 7 days has occurred since the original consent is obtained or, 3. The patient or surrogate decision-maker expresses doubts and objections suggesting that they may withdraw consent.

6. **Withdrawal of Consent.** A competent patient or their surrogate decision-maker generally may withdraw their consent anytime. The practitioner should address the patient's or surrogate decision-maker's concern before discontinuing or continuing the procedure or treatment.
7. **Person who May Consent to or Refuse to Care.** An adult person who are competent and someone who shows capacity to decide for their selves may signed or refuse to care. Minors requires guardian while people with physical and mental incapability's need to have a surrogate decision-maker. Emancipated minor may consent for their own health care.
8. **Refusal of Treatment/Procedures.** A competent adult, legal guardian or surrogate decision-maker approved by the law may refuse the prescribed procedure and treatment. The practitioner should document that she/he explained the risk and benefits of the proposed treatment. The practitioner should confirm the decision by signing the Refuse to Procedure/Treatment Form.

## A. WORKPLACE PROCEDURES

## II PATIENT CARE

### B. HEALTH PROMOTION

Programs for illness prevention and health promotion emphasize maintaining people's health. Programs for promoting health are designed to encourage and enable people to make healthy decisions, alter their lifestyles to lower their chance of contracting chronic illnesses and other morbidities. The World Health Organization defines health promotion as:

"allows individuals to have more control over their own health. It includes a wide range of environmental and social initiatives that aim to improve and safeguard each person's health and quality of life by addressing and preventing the underlying causes of illness rather than only concentrating on treatment and cure.

The strategies used by the Pototan Rural Health Unit in order to reach its objective in making the community aware of health risks present on them and ways on preventing are the following:

1. Health communication which includes verbal and written strategies to influence and empower individuals, populations, and communities to make healthier choices.  
Through the use of communication channels:
  - a. Small group
  - b. Community level campaigns.Through:

- Brochures
  - Internet
  - Social media tool Facebook Account
  - Streamers
2. Health Education-One method for putting health promotion and illness prevention plans into action is health education. Health-related learning opportunities are provided by health education. The target audience is taken into account when developing health education initiatives. Health education provides tools to build capacity and support behavior change in an appropriate setting, as well as knowledge to target people on specific health subjects, including the health benefits and hazards they face.
- A. Lecture
  - B. Workshop
  - C. Classes

### 3. Policy Use

Request for Ordinances and Resolution for commitment of the Barangay Officials and community in the process of implementation

#### 3. Systems Change

Developing PPA for implementing new interventions and processes

- Adaption of a proven health promotion model
  - Activation of Barangay Health Board
  - Activation of Barangay Nutrition Committee
- Implementing new technologies

## WORKPLACE PROCEDURES

### Purpose:

The main purpose of these policies is to comply with the commitment to promote equitable, safe and dignified workplace and environment both for clients and staffs of the facility. See attached service workflow in the annex area.

In general, the following steps are recommended;

- ✓ The facility should be open for all and adheres with the existing national policies on hospital admission.
- ✓ Before beginning the services, check that equipment is clean and functioning and that supplies and drugs are in place.
- ✓ Keep the facility clean by regular cleaning.
- ✓ At the end of the service:
  - a. Discard litter and sharps safely
  - b. Prepare for disinfection; clean and disinfect equipment and supplies



- c. Replace linen, prepare for washing
  - d. Replenish supplies and drugs
  - e. Ensure routine cleaning of all areas
- ✓ Hand over essential information to the colleague who follows on duty.

## **9. REGISTRATION**

- A. The staff greets clients upon entry and tries to establish rapport to the patient.
- B. The staff prepares the family record of new patients or retrieves record of old clients.
- C. The staff elicits and records the client's chief complaint and clinical history.
- D. The staff performs physical examination on the clients and record it accordingly.
- E. For sick individual, patient should directly proceed to the out-patient area. All promotive and preventive services shall be catered by the health and wellness area.

## **10. WAITING TIME**

- A. The staff gives priority numbers to patients.
- B. "First come first serve policy" is implemented except for emergency or urgent cases.
- C. Wait for the queue by calling the number provided in registration area.

## **11. TRIAGING**

- A. The trained staff (nurses and midwives) manages program-based cases.
- B. The staff all non-programs based cases to the physician. Nurses and midwives provide palliative care to patients in the absence of the physician.
- C. The staff provides first-aid treatment to emergency cases and refers when necessary to the next level of care.

## **12. CLINICAL EVALUATION**

- A. The staff validates clinical history and physical examination
- B. The staff arrives at evidence-based diagnosis and provides rational drug treatment based on DOH programs and other acceptable treatment algorithms.
- C. The staff informs the client on the nature of the illness, appropriate treatment, and prevention, and control measures.

## **II. LABORATORY EXAM**

- a. After patient's examination, and laboratory test will be needed, the practitioner shall order the needed exam in the patient individual treatment record.
- b. Laboratory request form shall be fill-out accordingly and properly signed by the requesting practitioner.
- c. The patient shall pay the corresponding price in the treasury office. With the official receipt, proceed to the laboratory for necessary testing requested by the physician.
- d. Wait for the order of Medical Technologist when to get the result/s.
- e. Go back to the requesting practitioner for further assessment and correlation.

## **POPULATION BASED PRIMARY CARE SERVICES**

### **1. HEALTH EDUCATION**

#### **Purpose:**

The main purpose of these policies is to assist all client in developing and providing instruction and learning experiences to facilitate voluntary adaptation of behavior conducive to health in individuals, families and in the community.

In general, health education shall be provided in all clients availing health services in the primary care facility. It shall be integrated when providing key messages with clients especially before ending each services provided.

#### **a. Birth Planning and Preparedness**

The facility is using a Birth Plan /Mother-Baby Booklet wherein important details regarding preparation on expected delivery are discussed. The midwife assigned in health and wellness area shall assist the client in accomplishing the birth plan and assuring that plans shall be carried out well until post-partum period.

#### **b. Maternal and Newborn Care (Unang Yakap)**

The facility adheres to the standards of rooming –in and breastfeeding. All well infants without complication shall be given to their mothers to hold and caress immediately after birth. A facility staff shall assist the mother initiate breastfeeding in the delivery room by latching –on.

#### **c. Family Planning and Responsible Parenthood**

The facility provides health teachings and counseling with focus on modern methods and fertility awareness and observing the principles of informed choice, birth spacing, responsible parenthood and respect for life. FP commodities are distributed to health workers with regards to respective

catchment area and priority recipients; the 4Ps and non – 4Ps but indigent. FP commodities received by the facility are solely coming from the Department of Health.

**d. Infant and Young Child Feeding and Lactation Management**

Health education on infant and young child feeding is incorporated to other programs. It is also included during the 30 minutes' lecture of pregnant mothers during Araw ng Buntis.

**e. Hygiene**

Mother and Baby's hygiene is of paramount importance to avoid infection and acquiring other diseases within and outside the facility as well as the health staff. It is for the reason that hand washing is practiced before and after procedure. They are constantly reminded during consultation check-ups and upon admissions.

**f. Health Financing Membership**

The facility is currently accredited as Maternity Care, TB-DOTS, Primary Care Benefit and Newborn Care Screening provider. Giving free services to all patients whether indigent or not, with focus to the most vulnerable population, the young and the elderly.

**g. Other Services**

All patient availing health services according risk-group shall be given health teachings regarding their concerns. All information provided shall be based on information guidelines provided by Department of Health. Practitioners shall present facts based on patient's level of understanding and abilities.

## **EPIDEMIOLOGIC SURVEILLANCE**

### **a. Purpose**

Early identification of an outbreak is important to limit transmission among patients by health care workers or through contaminated materials. A potential problem may be initially identified by nurse, physician, or any other healthcare workers, through surveillance program. Appropriate investigation are required to identify the source of the outbreak, and to implement control measure. The control measures will vary depending on the agent and mode of transmission, but may include isolation procedures or improvements in patient care and environmental cleaning.

### **b. Policy Description**

- A. The Pototan Rural Health Unit and Birthing and Primary Health Care Facility Municipal Health Office as a primary care provider shall adhere with the policies and procedure set by Philippine Integrated Disease Surveillance and Response.
- B. The facility shall set up and maintain municipal surveillance system equipped with necessary resources.
- C. The Disease Surveillance Coordinator of the facility is responsible in systematic planning, implementation and reporting of an outbreak investigation. Care definition shall be develop.
- D. Collect, organize, analyze, interpret surveillance data weekly.
- E. There shall be a proof of weekly submission of Notifiable Disease using the Care Report Form (CRS) in the rural health unit to provincial level.
- F. Report all available essential information (clinical description, laboratory results, number of human cases and deaths).
- G. Establish, operate and maintain the epidemic preparedness according to the principles of PIDSR.
- H. The trained designated DSC and the ICN has responsibility in notifying the appropriate individual the departments in the institution. This includes the development of an outbreak team and clear delineation of authority.
- I. Facilitate submission of weekly notifiable reports to the provincial health office.

### **c. Procedure**

- A. The out-patient department are being oriented and alert to report to the public health nurse and/or members of the health facility for any patients/clients suspected or confirmed cases immediately upon client's entry.
- B. Reporting of reportable disease/s shall be incorporated in the individual treatment record or medical chart of each patient.

C. During recording, any notifiable disease seen shall be consolidated daily and to be immediately forwarded to the Disease Sureveillance Coordinator for consolidation, analysis and reporting.

D. Infectious disease or any outbreaks or clusters of disease in a community under Category 1 in CIF, shall be reported within 24 hours to the nearest direct reporting unit.

E. Report all case of notifiable disease/syndromes under Category II in CIF every Friday of the week.

## **DISEASE SURVEILLANCE PROGRAM**

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### **RESOLUTION ON THE WHOLE OF LGU APPROACH TO COMBAT**

#### **EMERGING AND RE EMERGING DISEASES HIV/AIDS, TB, MALARIA, INFLUENZA, SARS, WEST NILE VIRUS, MARGBURG VIRUS, COVID19 and BIOTERRORISM**

##### **POLICY TITLE:**

Policies and Procedure on Reporting of Infections to Personnel and Public Health Agencies

##### **I.PURPOSE / INTRODUCTION:**

Early identification of an outbreak is important to limit transmission among patients by health care workers or through contaminated materials. A potential problem may be initially identified by nurse, physician, rural health midwives or any other healthcare workers, through surveillance program. Appropriate investigation are required to identify the source of the outbreak, and to implement control measure. The control measures will vary depending on the agent and mode of transmission, but may include isolation procedures or improvements in patient care and environmental cleaning.

##### **II. POLICY DESCRIPTION:**

J. The Pototan Rural Health Unit and Birthing and Primary Care Facility shall establish and formulate policies and guidelines on surveillance program.

K. The facility shall designate Disease Surveillance Coordinator as overseer in the systematic planning, implementation and reporting of an outbreak investigation. Care definition shall be developed.

L. There shall proof of weekly submission of Notifiable Disease using the PIDSR in the rural health unit to provincial level.

##### **III. DEFINITION:**

**Outbreak-** is defined as an unusual or unexpected increase of cases of a knowledge disease or the emergence of cases of new infection in a particular place or area.

**Case Definition** - includes a unit of time, place and specific biological and/or clinical criteria.

**RHU** - Rural Health Unit

**PESU**- Provincial Epidemiological Surveillance Unit

**RESU** - Regional Epidemiological Surveillance Unit

**CIF** - Case Investigation Form

**DSC** - Disease Surveillance Coordinator

**DRU** - Disease Reporting Unit

**NDRR** - Notifiable Disease Report Registry

#### **IV. RIGHTS AND RESPONSIBILITY:**

The trained designated MESU and the ICN has responsibility in notifying the appropriate individual such as the LCE, the LHB, PHO and the DOH RO6. This includes the development of an outbreak team and clear delineation of authority.

#### **V. PROCEDURE**

F. The out-patient department are being oriented and alert to report to the public health nurse and/or members of the health facility for any patients/clients suspected or confirmed cases immediately upon client's entry.

G. Infectious disease or any outbreaks or clusters of disease in a community under Category 1 in CIF, shall be reported within 24 hours to the nearest direct reporting unit.

H. Report all case of notifiable disease/syndromes under Category II in CIF every Friday of the week to the nearest DSU.

#### **VI. MONITORING:**

A. 24/7 Monitoring of reportable disease

B. Endorsement outbreak tracing

C. Decrease incidence of mortality/morbidity cases

D. Evaluation

E. Weekly NDRR

## **VII: MESU COMMITTEE**

Irene Salazar-DILG Officer

Richard Pendon-MDRRMC

Jean Domingo- PIDSR Focal person

Aura Marie Ceballos-Cold Chain Vaccine Handler

Ronel Pendon Encoder and Uploader of Report

## **VII. DESSIMINATION:**

A. Memorandum

B. Orientation

C. Continuing education, training & seminar.

## **VIII. REFERENCE:**

Philippine Integrated Disease Surveillance and Response under R.A 3573(Law of Reporting Communicable Disease to local and national public health authorities)

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***Revision of this policy will be considered whenever there is urgent reasons for new development and new guidelines***

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## **COVID/ RESPIRATORY DISEASE**

### **I. PREVENTION/PREPAREDNESS**

#### **A. GENERAL**

#### **HUMAN**

1. Adequate Knowledge on Basic Disease Transmission through BHERTS once a week education class
2. Provision of Water system for adequate supply of water (Local Government Code Implementation) with MPDC as lead agency and engineering as implementer  
Task Force for Water System to Ensure Adequate Water Supply  
Chairman: MPDO  
Vice Chairman: ME  
Members:
3. Practice of hand washing at home
4. Implementation of Smoking Ordinance (amendment as to prohibition among drivers of PUJ while driving.

#### **BARANGAY**

1. BHERT to have a once a week lecture on Infection Prevention (Every Friday or Saturday)
2. Barangay F1 K lecture 2x a week for every purok on malnutrition prevention (Lead by Barangay Nutrition Council)
3. Food Sufficiency Program for House Holds with 0-5 years old children, pregnant women and postpartum partner with 4Ps (partnership with NGO-Holistic Living Center for Community Development Inc.)
4. Functional and Clean Drainage System  
Task Force Clean Up Drainage  
Chairman: MDRRMC  
Vice Chairman: ME
5. Clean up of vacant lots by lot owners  
Chairman: MTO  
Vice Chairman:  
Members: Job Orders
6. Issuance of Certificate of Clean and Free of Empty Bottles and Plastics Vacant Lots by the barangay prior to payment of RPT



## **SCHOOLS**

- 1 Collaboration with Schools in the Municipality to have lectures on Common and Infectious Diseases be incorporated focusing on transmission and prevention.
- 2 Create Awareness on available Municipal Ordinances and resolution to the students
- 3 Provision of Wash Area at a strategic place for all students prior to entrance to school
- 4 Provision of Foot Bath

## **BOUNDARIES**

1. Presence of checkpoints lead by the barangay in case of outbreaks as defined by WHO but for epidemics and pandemics national policy will over rule

## **PUBLIC PLACES**

### **Market and Business Establishment**

1. Increase frequency of market days to 3x in a week market
2. Screening of Ambulant Vendors as to:
  - 1.Mandatory wearing of health cards
  - 2.1 Meter distancing of each vendor
3. Marking of passageway to maintain social distancing to include all business establishment
4. Provision of Foot Bath
- 5.Mandatory Face Mask
6. Provision of Wash Area at Market Entrance

## **SECURITY and ORDER**

- 1.Continue check point to monitor

## **GOVERNMENT AND RELIGIOUS GATHERING PLACES SUCH AS COLISEUM, SPORTS COMPLEX, PUBLIC PLAZA CHURCHES, TERMINALS**

1. Must observe social distancing at all times
2. Must wear mask all the time

3. Provision of Disinfectant at the Entrance
4. Must have schedule of disinfection prior and after use

## **PUBLIC COMFORT ROOMS**

1. Maintenance and Improvement of Comfort Rooms
2. Provision of Disinfectants

## **TRANSPORTATION**

1. Overcrowding PUV
  1. Provision partition side and middle (plastic)
  2. Maintain Social Distancing
  2. Mandatory use of mask inside the PUJ

## **SPECIFIC TASK AND WARNING SYSTEM**

### **A. LCE**

**Pre planning and Preparation on Local Task Force**

### **B.**

#### **MDRMMC**

1. Preparation of Incident Action Plan

### **C. PUBLIC HEALTH**

#### **ALPHA CODE BLUE**

LGU has no known local case of COVID

1. Preparation of Incident Action Plan
2. Organize Incident Management Team
3. Contact Tracing Team and Notification System
4. Test Surveillance
5. Rapid Needs Assessment
6. Prepositioning of Health Care Equipment and Supplies
7. Trainings and Orientation of HCW and members of BHERT
8. Identification of Vulnerable and high-risk areas and population groups
9. Timely and Accurate Information

C. DSWD

1. Updated Listing of 4Ps, Listahanan, Vulnerable Groups, Informal Sectors of Labor Group
2. Preparation of Social Safety nets

D. PNP

1. Monitoring of ingress and egress of people into and out of community especially from areas where there is confirmed local transmission for possible vectors and carriers.

E. Engineering

1. Construction of Community Quarantine Facility
2. Secure Communication and Information Lines

**II. MITIGATION  
BRAVO CODE ORANGE**

Alert Sublevel 1

A. MDRRMC

1. Activation of Emergency Command Center
2. Implementation of Incident Action Plan
3. Spearhead in the regular meetings, update, coordination and decision making

B Health

1. Set up platforms for information dissemination and health education (Social Media Apps, Chat Box, TeleHealth, TelePsychosocial Support)
2. HOTLINES
3. Activation of BHERTS for Contact Tracing

C. DSWD

1. House Hold Profiling of the Vulnerable Population Groups
  - a. Elderly
  - b. Lifelong Conditions
  - c. Immunocompromised
  - d. Pregnant
  - e. Social /economics safety nets (e.g. TUPAD, program of DOLE, AICS are in place ready to assist disadvantage populations)

## **E. PNP**

### 1. Implement Social Re Engineering Measure to include

Physical Distancing

Prohibition of Mass Gathering

## **F. Barangay Government**

1. Household place under home quarantine shall be provided with basic physiological needs (food and non-food items)

Engineering

1. Transfer and Transport of Logistics

## **G. Faith Base Organization, NGO and volunteers**

### 1. Provide Psychosocial Support

2. Identify ways to promote Bayanihan spirit to promote social solidarity

## **III. RESPONSE BRAVO CODE RED**

Alert Sublevel 2

## **LCE**

1. Issue Directives for Implementation of ECQ
2. Establish community protocols for community quarantine measures
  - Curfew hours
  - Quarantine Pass
  - Provision of transportation for frontliners in essential services
  - Provision of support systems for families of frontliners

## **MDRRMC**

1. Prepare and submit situational report to LCE and other National Government Agency
2. Conduct daily command conferences in order to monitor progress of incident

3. Update and amend IAP as needed

## HEALTH

1. Operationalize Community Isolations
2. Activate referral system for admission and testing of suspected and probable cases
3. Close coordination with funeral parlors and religious group for culture sensitive management of the dead

## FAITH BASE ORGANIZATION, NGO AND VOLUNTEERS

1. Provision of Psychosocial Support
2. Community Solidarity Activities

## BARANGAY GOVERNMENT

1. Activation of BHERTS
2. Reporting of Susceptible and suspected COVID to MESU

## IV RECOVERY BLUE PRINT

### FOOD SUFFICIENCY

#### DA

Backyard Gardens

Individual Farming and Livestock Growing

Barangay Cooperatives

DSWD livelihood

LEPO

TRADING

SMALL SCALE BUSINESSES

Physical Store

Online Store

PESO

Employment

TOURISM

Tourist areas

DA

LIVESTOCK INDUSTRY

NGO/cooperatives

MANUFACTURING

SMALL SCALE MANUFACTURING INDUSTRY SUPPORT

SPORTS and LEISURE

UNIFIED TASK FORCE FOR POLICY IMPLEMENTATION

Chairman- PNP

MDRRMC-

HEALTH

MARKET -

Engineering

Implementation of Minimum Health Risk Protocol (Dengue, COVID etc.)

First Offense- Reprimand (Education Community Service)

Second Offense-Imprisonment

Dengue

Implementation of Smoking Ordinance

Anti-Littering Ordinance

Comprehensive Solid Waste Ordinance

Drainage Inspection – Task Force issue notice to PB

Other Offices for JO additional jo

## **Operational Guidelines on QUARANTINE FACILITY**

### **Quarantine Facility Manager**

**Support Members: Aura Ceballos**

**Cristina Tabladillo**

**Jessahlyn Parreno Subade**

### **COMMITTEE ON CLEAN UP**

Chairman: Rudy Parcon

Vice Chairman: Ramona Porras – 09158954399/09494963201–Incident Commander on Health Logistics

Members: all plaza utility

Responsibility:

1. Initial clean-up of quarantine facility
2. After use clean-up of quarantine facility
3. Move out of school fixtures
4. Placement of amenities

### **COMITTEES ON DISINFECTION and WASTE DISPOSAL**

Chairman: Richard Pendon – 09193718459 / 09279117655

Incident Commander for Risk Reduction

Vice Chairman: - Heide Dolorota

Members: MDRRMC Unit

Mountain Tigers

Responsibilities:

1. Pre disinfection of quarantine facility
  2. Post disinfection of facility  
Provision of garbage bag/container w/ receptacle  
Contamination prior collection
- Every other day / scheduled of disinfection of surrounding facility

### **COMMITTEE ON DISCIPLINE, ORDER AND SAFETY**

Chairman- COP

Vice Chairman-

Members: All PNP Units authorize only

PhiArmy Reservist authorize only

Responsibilities:

1. Secure the area from unauthorized people
2. Secure that PUMS are confine only to the allowed area
3. Secure security of PUMS from threat of the community

### **COMMITTEES ON TRANSPORTATION**

CHAIRMAN- CARELL GONZALES -

Vice Chairman- Cecile Pavorito - 09515962555

Members- MDRRMC Unit

Nilo Saranillo

### **COMMITTEE ON WATER SUPPLY**

Chairman- BFP Chief

Members

1. Flushing facility before and after
2. Water supply for QF

### **COMMITTEE ON FOOD**

Chairman: Rhea Bolivar - 09995507923

Members: POMECCO

### **COMMITTEE ON TRANSPORTATION Bldg. Maintenance & Repair**

Chairman: Engr. Adolacion

Members: Engineering Dept.

1. Transportation and bldg. maintenance / repair

### **COMMITTEE ON ELECTRICAL**



Chairman: Noli Parrenas – 09213580136

Vice Chairman

1. Responsibilities
  1. Steady power supply
  2. Trouble shoot electrical problems with authorization according to IPC protocol
  3. Standby generator

## **COMMITTEE ON DOCUMENTATION and REPORTING**

Chairman: Lyndie Aventura RSI

Vice Chairman: Warlito Victorio Escaner-DILG

## **PERSON UNDER MONITORING HOUSE RULES**

1. Must maintain 1-meter distance with fellow PUM inside and outside the QF
2. Must wash hands every hour for 20 minutes
3. Must observe cough etiquette
4. Must be responsible in disinfection of fixtures in their place of confinement
5. Must have no contact policy with authorize Quarantine Facility personnel
6. Must get their food at area assigned
7. Must dispose their utensil at area assigned for disinfection and proper disposal
8. Must respect each other's privacy
9. Must follow quarantine rules at all time
10. Must wash their own clothes at a designated area
11. Must take care of Schools Facilities
12. Must use facemask at all times

### **HEALTH PROTECTION:**

#### **VECTOR CONTROL**

##### **a. Vector Control**

###### **Purpose:**

Vector control involves using preventive methods to eradicate or control vector populations, in order to limit the transmission and spread of diseases. Preventative measures include;

- ✓ **Habitat control:** Removing or reducing the number of places where the vector can breed helps to limit populations from growing excessively. For example, by removing stagnant water, removing old tires and empty cans which serve as mosquito breeding habitats and through good management of used water.
- ✓ **Reducing contact with vectors:** Reducing the risk of exposure to insects or animals that are vectors of diseases can limit the risk of infection. For example, using bed nets, adding window screens to homes, or wearing protective clothing can help reduce the likelihood of coming into contact with vectors. An important component of exposure reduction is also the promotion of health education and raising awareness of risks. Bed nets treated with insecticide can reduce the risk of insect bites and infection.
- ✓ **Chemical control:** Insecticides, larvicides, rodenticides and repellents are used to control pests and can be used to control vectors. For example, larvicides can be used in mosquito breeding zones; insecticides can be applied to house walls (indoor residual spraying); bed nets treated with insecticide and use of personal skin repellents can reduce the risk of insect bites and thus infection. The use of pesticides for vector control is supported by the World Health Organization (WHO) and has proven to be highly effective.

### **Environmental Health**

1. Pototan Rural Health Unit and Birthing and Primary Health Care Facility Municipal Health Office accepts full responsibility for protecting workers and the environment.
2. Give health, safety and environmental considerations and integrate them into all aspects of work.
3. Work actively to continuously improve health, safety and environmental performance.
4. Only start work after confirming that essential health, safety and environmental protection systems are in place, and willingly suspend activities if safety, health or the protection of the environment would be compromised.
5. Encourage supervisors and workers to be individually responsible for identifying and eliminating hazards, preventing injury to themselves and others, and preventing adverse environmental impacts.
6. Provide personnel with sufficient training, resources and systems.

7. Provide and maintain properly engineered facilities, plants and equipment.
8. Minimize waste generation, air emissions and other discharges from our activities to the environment.
9. Actively monitor, audit and review to improve systems, processes, health, safety and environmental performance.
10. As a minimum, ensure regulatory compliance at all times.
11. Hold everyone accountable for ensuring and promoting a safe and healthful workplace and the protection of the environment within their areas of responsibility by ensuring that workers are knowledgeable and have access to:
  - health, safety and environment rules and safe work standards
  - operating and critical task procedures
  - emergency response procedures
  - environmental protection requirements
12. Shall comply with all existing national policies and regulations.

### **Occupational Health**

The employer, in consultation with workers and their representatives, should set out in writing an Occupational and Safety Health policy, which should be:

1. Specific to the organization and appropriate to its size and the nature of its activities;
2. Concise, clearly written, dated and made effective by the signature or endorsement of the employer or the most senior accountable person in the organization;
3. Communicated and readily accessible to all persons at their place of work;
4. Reviewed for continuing suitability;
5. Made available to relevant external interested parties, as appropriate.

The OSH policy should include, as a minimum, the following key principles and objectives to which the organization is committed:

1. Protecting the safety and health of all members of the organization by preventing work-related injuries, ill health, diseases and incidents;

2. Complying with relevant OSH national laws and regulations, voluntary programs, collective agreements on OSH and other requirements to which the organization subscribes;
3. Ensuring that workers and their representatives are consulted and encouraged to participate actively in all elements of the OSH management system;
4. Continually improving the performance of the OSH management system.
5. The OSH management system should be compatible with or integrated in other management systems in the organization.

### **Disaster Risk Reduction Management and Preparedness**

#### **Purpose:**

To provide uninterrupted health services during disaster like typhoon, avert preventable morbidities and mortalities and ensure that no outbreak will occur secondary to disasters.

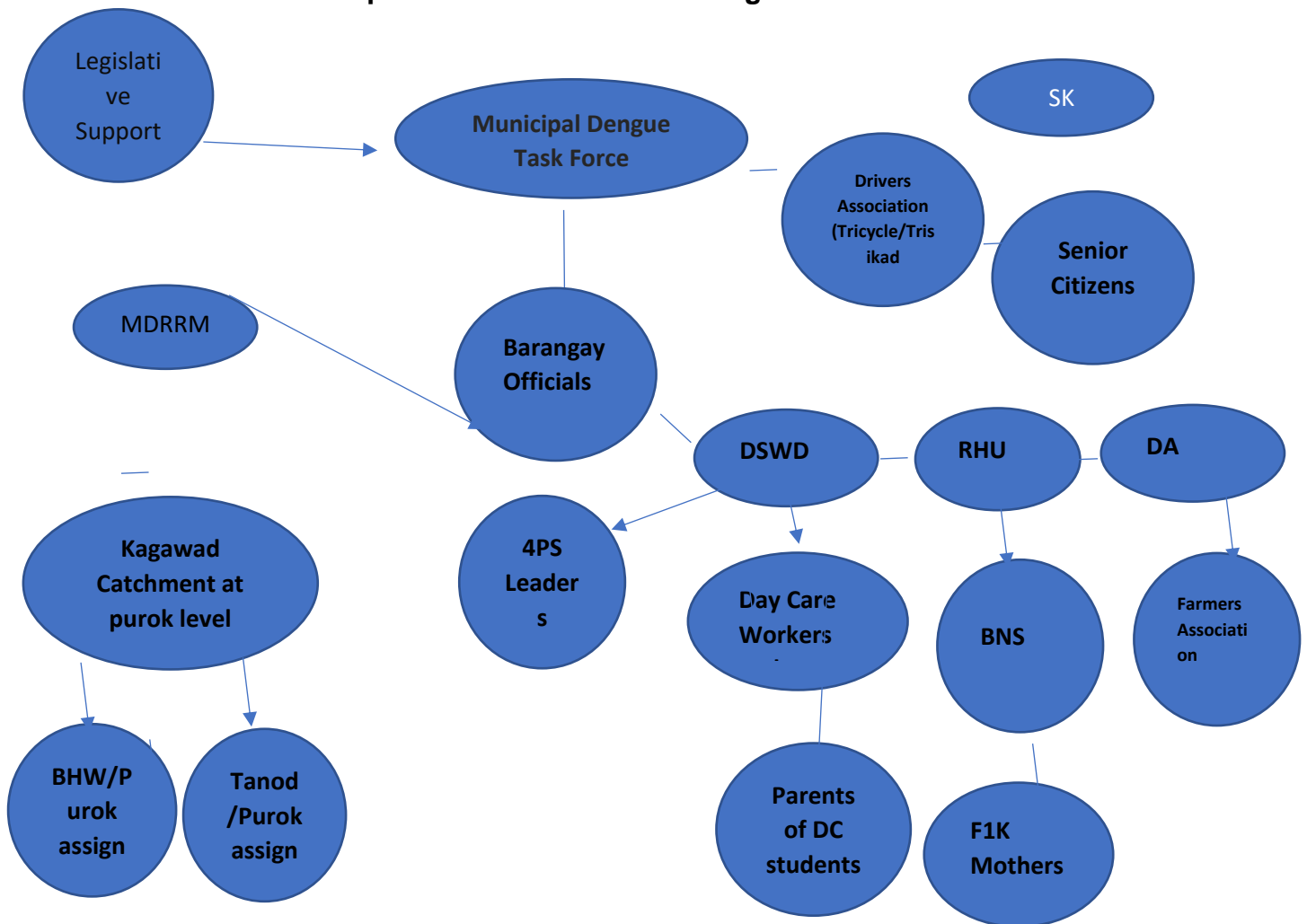
#### **Procedure:**

1. The primary care facility shall conduct annual orientation of staff regarding disaster risk reduction management and organize committee.
2. Designate staff to lead four sets of essential services of the health cluster;
  - Medical and Public health--- Municipal Health Officer
  - Nutrition in Emergencies--- Nutrition Coordinator
  - Water, Sanitation and Hygiene--- Sanitary Inspector
  - Mental Health and Psychosocial Support—Mental Health Coordinator
3. Conduct and regularly update the hazard and risk assessment.
4. The scheduling and staffing shall be 24/7 during acute disasters such as typhoon. All staffs are required to duty.
5. There shall be allocated and dedicated supplies and logistics for disaster program.
6. Prior to typhoon, utility workers must ensure safety of the building, check all windows and keep the area safe for onset of expected disasters.
7. During disaster, no staff shall be allowed to respond to critical areas unless in extreme emergencies with approval of the Municipal Health Officer.

8. After the onset of disaster, the primary care facility shall immediately open to provide acute care services for medical and psychosocial services.
9. After disaster, all staffs shall separately assess their respective areas for any damages. It shall be reported within 24 hours.
10. Review plan annually and update as necessary.

## INNOVATION

**Municipal Disease Surveillance Organizational Structure**



Key program strategies. This is through a combination of health education, environmental sanitation and community mobilization.

### **DOH Regional Office 6 and Provincial Health Office**

Support systems (1) Training – Training of coordinators and field implementors, including orientation meetings of key leaders of community, is one of the key elements of this new programme.

(2) Health education – Long-term control and prevention is based on properly informed community that understands and practices dengue prevention and control measures at their own capability level. This will facilitate participation of the community and governmental organizations (GOs), NGOs and POs.

(3) Laboratory facilities/diagnostic support – For proper clinical diagnosis of dengue, laboratories are to be supported to be able to do platelet and hematocrit determination.

(4) Rapid response emergency mosquito control – This support strategy is in place to immediately contain an incipient outbreak before it spreads to other areas. This approach includes chemical control of the vectors combined with other integrated vector control approaches.

(5) Epidemic contingency planning – This includes estimating resources needed during outbreak management so that a ready plan of action can be immediately implemented.

(6) Research and project development – Basic and operational research is encouraged for improvement of programme implementation. Programme policies

(1) The National Dengue Prevention and Control Programme shall be a community-based and community managed programme.

(2) The Department of Health shall support an integrated vector control approach and decentralization of decision-making.

(3) Chemical management in the control of dengue shall be confined to areas with confirmed dengue outbreaks

### **ROOT CAUSE ANALYSIS:**

#### **Infrastructure**

Garbage Disposal-

Clogged Drainage- Barangay Assessment of Canals/Water Storage/4S- **Comprehensive Drainage Ordinance-**

Inadequate water supply among households- Education, LID

#### **Behavior**

Inconsistent Cleaning Practice among HH

#### **Climate Change**

Extreme weather events all year round

## DECISION TREE

### **1. Infrastructure (MENRO)**

Garbage Disposal-

Private Partnership for Garbage Truck priority areas

Mandatory MRF- Noncompliance Penalties

Activation on Committee of Environment-Done by MENRO

**Legislative** -Policy Support Adopted at Barangay Level

Clogged Drainage – Identification of areas: San Jose Area (DBP), Ledesma (Rizal)

**Legislative**-Drainage outflow identification-Brgy. level (Policy Support)

Clean Up Drive to Include De clogging

### **2. Behavior Change (Legislative Measures)**

**Check List-Per HH**

**Negative Motivation and Positive Motivation**

**Go Green -MENRO-and SK**

Advocacy on impact of water storage resulting to increase in dengue case

Education on consistent Cleaning Practice among HH-**Day Care, DE PED incorporation to Brigada Eskwela**

**DSWD**

Inclusion of Dengue Advocacy to Monthly FDS

Inclusion of Clean up to Cash for Work (last day 4S) (KALAHICIDSS)

### **3. Climate Change Measures**

Legislative Policy on softening the impact

### **4. Treatment**

Strengthen Bloodletting Activities

Sustainable Hydration

## ACTION PRIORITY MATRIX

IMPACT

<p>High Impact: Low Effort Yes <b>Re Orientation at Brgy. Level Solid Waste Management: Officials BHERTS Clustering: 25 Brgys-1 day 25 brgys-1 day Mandatory MRF Behaviour Change Strategy through Legislation</b></p>	<p>High Impact: High Effort Maybe</p>
<p>Low Impact: Low Effort Maybe</p>	<p>High Effort: Low Impact No</p>

EFFORT

### DENGUE ALERT LEVEL

Cluster- > 3 or more cases in 4 consecutive weeks in the same barangay

Blue- < 5 cases in barangay in different area

Barangay Level- Advocacy:

**Seek and Destroy House to House Strategy**

Early Consultation

Application of Larvicidal and Chemical in selected areas

Epidemiology Surveillance RHU- Raisa Teodosio

Jean Domingo

Jessahlyn Subade

Orange – clustering of cases in 1 barangay alone



Advocacy:

Seek and Destroy Strategy

Early Consultation

Application of Larvicidal and Chemical in selected areas

Epidemiology Surveillance RHU- Raisa Teodosio

Jean Domingo

Jessahlyn Subade

PLUS

Fogging on Affected Cluster Cases (Purok/Sitio)

**Red-> 2 or more cluster in barangays**

Advocacy:

Seek and Destroy Strategy

Early Consultation

Application of Larvicidal and Chemical in selected areas

Epidemiology Surveillance RHU- Raisa Teodosio

Jean Domingo

Jessahlyn Subade

PLUS

Fogging Affected Cluster Cases (Purok/Sitio)

Establish ICS

Activate Alert Level

Set Up Hydration

Epidemic level reached base dengue epidemic alert threshold-DOH

MDRRMC Council Meeting- Declaration of State of Calamity- 2 or more barangays doubled from previous year, > 2 mortalities

Policy Support

1.

## ROOT CAUSE ANALYSIS

Presence of Uncollected and Non segregated garbage's-

Absence of MRF

Re Orientation at Brgy Level Solid Waste Management: Officials and community

Reduce ReUse ReCycyle

Resource Speaker from Environmental and DILG

Advocacy and Instruction Materials

Stagnant Canals

Behaviour Change Strategy

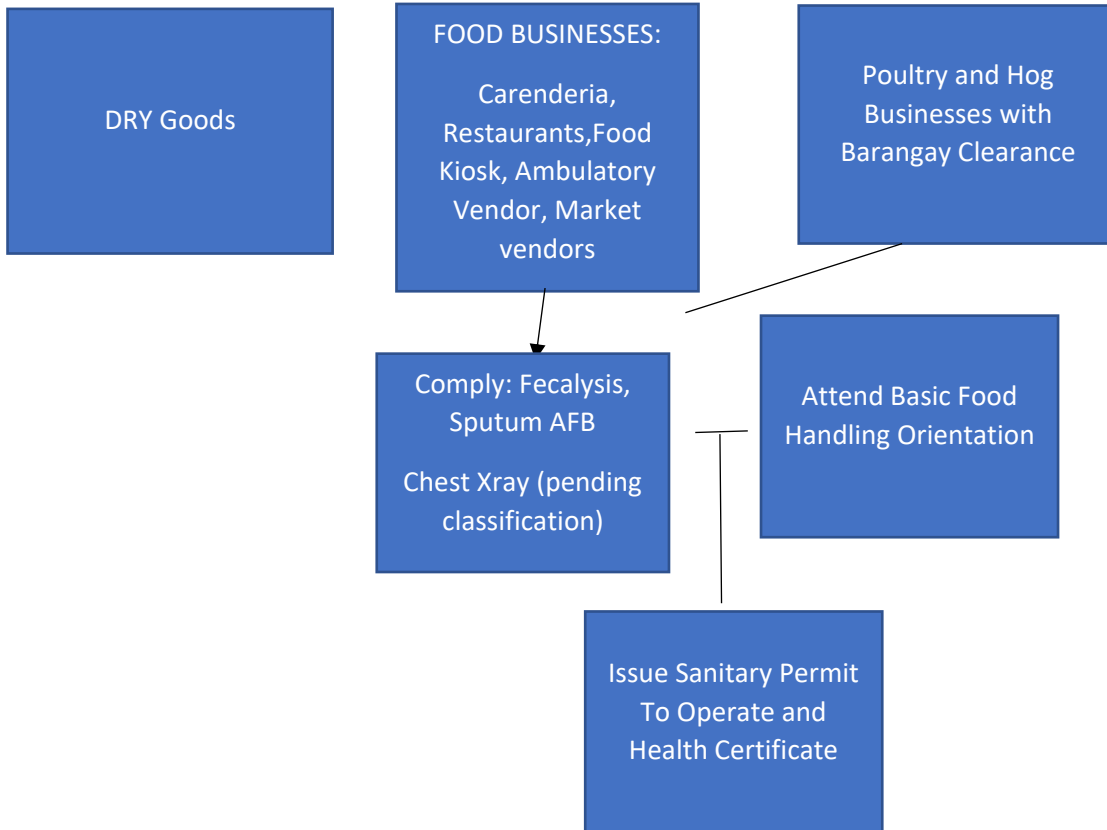
## DECISION TREE

PILLARS	PROGRAMS AND ACTIVITY	AGENCY RESPONSIBLE	TIME LINES	M E
<b>SERVICE DELIVERY</b>				
<b>Mandatory Establishment of MRF</b>		<b>Barangay</b>		<b>August 9 Tuesday</b>
<b>Re Training</b>	<b>Re Orientation at Brgy. Level Solid Waste Management: Officials BHERTS Clustering: 25 Brgys-1 day 25 brgys-1 day 3 Hours Lecture-Heavy Snacks</b>	<b>MENRO /MDRRMC</b>	<b>July 27, -28, 2022 (Wednesday) 8am-11 am</b>	
	<b>House To House Approach</b>	<b>RHU/BHW TUPAD,Kalacidds</b>		<b>On going</b>
<b>Balik Probinsya Program</b>	<b>Balik Probinsya Recipients Declogging</b>	<b>DSWD/RHU/Barangay Officials</b>		

<b>Compliance Seal</b>	<b>Awarding of Compliance</b>	<b>Legislative-Mechanics and Checklists</b>	<b>Launching July 27 and 28,2022</b>	<b>December 16,2022</b>
	<b>BHERTS and Barangay Official Orientation</b>	<b>Barangay Captain Kgd on Environmental SK leaders</b>	<b>August 2</b>	
<b>HUMAN RESOURCE</b>	<b>Creation of Purok Leader Focus on DEngue</b>	<b>BHW Tanod</b>		
	<b>Barangay Solid Waste Management Board</b>	<b>Executive Order-PB MENRO</b>		
	<b>DayC are and 4PS led campaign</b>			
<b>POLICY SUPPORT/REGULATION</b>				
	<b>Review/Amendment of Solid Waste Management and Penalties</b>			
	<b>Mandatory MRF</b>			
	<b>Household Steps to Prevent Dengue/ Family Checklist -Card pre requisite to Certificate of Indigency</b>	<b>Sangunian Kabataan Barangay Color Coded Compliance</b>	<b>After 27 or 28, 2022</b>	
	<b>Barangay Score Card</b>	<b>SK, SB committee on Health and Environment</b>	<b>Workshop-August-11,2022</b>	

## ENVIRONMENTAL HEALTH

### Issuance of Sanitary Permit to Operate Food Safety Process Flow



## EMERGENCY PREPAREDNESS

### POTOTAN OPERATION CENTER

#### A. Physical Attributes of POTOTAN OPERATION CENTER

Rizal Operation Center will be located at the 1<sup>st</sup> floor of the POTOTAN RHU with approximately 10 sq. meters in area. This will serve as the center for health concerns during emergencies or disasters.

**The POTOTAN Operation Center (POTOTAN OPCEN) will be guided with the following protocols below:**

Safe from hazards [L] [SEP]

Adequate electrical, water and sewage systems [L] [SEP]

Sufficient space for all functions – a mix of open and closed work spaces

Secured storage area [L] [SEP]

Open work space for management, operations, logistics and planning [L] [SEP] functions [L] [SEP]

Closed work space available for teleconferences, break-out groups, [L] [SEP] policy group meetings. (This is located right across the OPCEN (Rizal [L] [SEP] RHU conference room). [L] [SEP]

Data telephone and electrical connections [L] [SEP]

Adequate wall space for big whiteboards or equivalent [L] [SEP]

Adequate lightning, ventilation, heating and cooling capacity [L] [SEP]

Equipped with:

Floors plans, mapping or work stations, and wiring [L] [SEP]

Well-posted fire evacuation plans and assembly areas [L] [SEP]

With available EOC protocol plans (flowcharts) (hard and soft copies)

[L]  
[SEP]

Staff roles and standard operating procedures [L]  
[SEP]

Toilet/personal hygiene area is located at the nearby building. [L]  
[SEP]

**B. POTOTAN OPERATION CENTER ORGANIZATIONAL STRUCTURE OPCEN  
will be manned by the following staffs:**

One supervisor [L]  
[SEP]

Emergency Office on Duty (EOD) – Two persons for every 24 hours [L]  
[SEP]

One Administrative Aide [L]  
[SEP]

**PRE -POSISSIONING OF HEALTH & NUTRITION LOGISTICS**

TO identified Evacuation Center - ----- 500, 000.00 – Health Nutrition

**PUBLIC HEALTH EMERGENCY MANAGER: RODINA P. MONDRAGON, MD. – Cel.#  
09178531616**

**DRIVER:**

**CLEO PIMENTEL – 09086780871**

**RHYS – 09078027670**

**CARELL GONZALES – 09297030001**

**TEAM A: DAY 1**

**EMERGENCY OFFICER ON DUTY1 – LOURDES P. PORCALLA**

**– Cel.# 09209013493**

-Identification of problem, analysis and  
immediate solution

-reports

**EMERGENCY OFFICER ON DUTY2 – ARACELI CAMIQUE**

- Identification of problem, analysis and immediate  
solution.

-reports

**MEMBERS: LOURDES PAPILOTA– Cel. # 09205830116**

**RAMONA A. PORRAS - mass immunization**

- Treatment of different diseases

**NELIA PORAL**

**ANNA ROSE ILISAN** - transport of supply

- vector control
- Waste disposal

**EVELYN PENUELA** - Health Education at evacuation center

- oversees safe water
- Food hygiene

- Waste disposal

**TEAM B: DAY 2**

**EMERGENCY OFFICER ON DUTY 1– ELNA PEÑARANDA – Cel.# 09176340428**

- Identification of problem, analysis and immediate solution.
- reports

**EMERGENCY OFFICER ON DUTY 2– CRISTINA GANDO – Cel.# 09176339843**

- Identification of problem, analysis and immediate solution.
- reports

**MEMBERS: HELEN PARREÑO**

**MARIA CARMELI PULMONES** - mass immunization

- Treatment of different diseases

**PRINCESS MAY PADUGA** – transport of supply

- Vector control
- Waste disposal

**CECIL PAVORITO** - Health Education at evacuation center

- oversees safe water
- Food hygiene

- Waste disposal

**TEAM C: DAY 3**

**EMERGENCY OFFICER ON DUTY – VIRGINIA G. PASTOLERO - Cel. # 09086779623**

- Identification of problem, analysis and immediate solution.

-forward report to SPEED

-reports

**EMERGENCY OFFICER ON DUTY – MA. FE SA4PILO – Cel. # 09072223277**

- Identification of problem, analysis and immediate solution.

-reports

**MEMBERS: CHRISTINE S. GONZALES – Cel. # 09095172487**

**RITA JOY POLINES** - mass immunization

- treatment of different diseases

**HYACINTH S. RELLO**- Health Education at evacuation center

- oversees safe water

- Food hygiene

- Waste disposal

- update REDCROSS Project 143

**JEAN DOMINGO** - transport of supply

- Vector control

- Waste disposal

**OPERATION CENTER - MAIN HEALTH CENTER-**

**LOGISTIC OFFICER:** Dr. Rogielyn D. Talamera, Renely Paredes

Heide Dolorota & Lyndie Cordero - report consolidation/encoding

Inventory of supply and release

**C. RESPONSIBILITIES OF PERSONNEL OF OPCEN**

**Operations Center Supervisor**

Oversee the operations of the OpCen.



Review, analyze and correct reports. [L] [SEP]

Accomplishment report of EODs. [L] [SEP]

Review the following:

Endorsement logbook [L] [SEP]

Radio check monitoring checklist [L] [SEP]

Incoming and outgoing communications logbook [L] [SEP]

Incoming and outgoing text messages logbook [L] [SEP]

Attend the endorsement of EODs. [L] [SEP]

Prepare the duty schedule of the OpCen staff. [L] [SEP]

Report directly to the Division Chief for any problems encountered at OpCen. [L] [SEP]

### Emergency Officer on Duty (EOD)

Duties and Responsibilities	EOD 1	EOD 2
Assumption of Duty	<p>Receive endorsements form the outgoing EODs and lead in the endorsement to incoming EODs [L] [SEP]</p> <p>Orient him/herself in what transpired in the past few days. [L] [SEP]</p> <p>Review the following: [L] [SEP] Endorsement logbook Previous HEARS Plus [L] [SEP]</p> <p>Know the DOH Officer on Duty during weekends and</p>	<p>Together with EOD1 receive endorsements form the outgoing EODs. [L] [SEP]</p> <p>Review the endorsement logbook and previous HEARS on what have transpired during the past few days. [L] [SEP]</p> <p>Know the DOH Officer on Duty during weekends and holidays. [L] [SEP]</p> <p>Answer/log incoming and outgoing telephone,</p>

	<p>holidays. [L] [SEP]</p> <p>Be aware of the stock level of logistical supply of the [L] [SEP] office.</p> <p>Answer/log incoming and [L] [SEP] outgoing telephone, cell phone, calls, radio and text messages. [L] [SEP]</p> <p>Answer all calls coming from superiors and important persons. [L] [SEP]</p> <p>Answer inquiries from the public and refer accordingly when necessary. [L] [SEP]</p> <p>Decide on all issues in coordination with EOD2 or with superiors if necessary. [L] [SEP]</p> <p>Refer matters that need the attention or action of the Division Chief or designate. [L] [SEP]</p> <p>Review the completeness of the reports prepared by the EOD2 [L] [SEP]</p> <p>Report and document any problems encountered during the tour of duty to the Division Chief or designate. Personally have the HEARS signed by the Directors or designate and answer any inquiries on the HEARS. [L] [SEP]</p>	<p>cell phone calls and radio messages. [L] [SEP]</p> <p>Answer inquiries from the [L] [SEP] public and refer to superior accordingly, when necessary.</p> <p>Relay information/matters [L] [SEP] that need immediate action [L] [SEP] to the EOD1 [L] [SEP]</p> <p>Perform functions in close [L] [SEP] coordination with the EOD1 [L] [SEP]</p>
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<p>Monitoring</p>	<p>Monitoring the following:</p> <p>Reports coming from [L] [SEP] UHF/VHF radio [L] [SEP]</p> <p>Telephone calls requiring [L] [SEP] DOH intervention [L] [SEP]</p> <p>Emergencies and disasters [L] [SEP] by personally calling regions, hospitals and other agencies affected. [L] [SEP]</p> <p>Internet reports related to health form local as well as international sources. [L] [SEP]</p> <p>OCD website, GMA, ABS- CBN and other TV and radio network websites [L] [SEP]</p>	<p>Monitor the following:</p> <p>Radio [L] [SEP]</p> <p>Television [L] [SEP]</p> <p>News/print media [L] [SEP]</p> <p>Status of communication by [L] [SEP] conducting daily radio check; refer any radio communication problems encountered during the tour of duty to the Communication Officer/designate [L] [SEP]</p>
<p>Reporting/Documentation</p>	<p>Report to Division Chief at 6:00am and 6:00pm and to the Director at 8:00am and 8:00pm, with or without monitored events. [L] [SEP]</p> <p>In coordination with the EOD2, prepare the following reports: Flash Reports, HEARS, Typhoon Alerts. [L] [SEP]</p> <p>Review, analyze and evaluate, for 24 hours, rapid assessment reports, follow- up reports, delayed reports and other reportable events. [L] [SEP]</p> <p>Determine necessary data [L] [SEP] to be incorporated into all reports, if needed, verify reports.</p> <p>Ensure proper documentation of all reportable events, including the updating of the monthly</p>	<p>Report to EOD1 on the incidents he/she had monitored. [L] [SEP]</p> <p>Prepare the following reports for review by EOD1 for its completeness and veracity: [L] [SEP] Daily HEARS Plus [L] [SEP] Flash Report [L] [SEP] Memorandum , etc. [L] [SEP]</p> <p>File and update documents and data. [L] [SEP]</p> <p>Make detailed documentation of all reportable events. [L] [SEP]</p> <p>Put detailed important information on the white [L] [SEP] board on all ongoing operations</p>

	monitoring board.	
Coordinating and Dispatching	<p>Be responsible for coordinating with the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> DOH Central offices</li> <li><input type="checkbox"/> DOH implementing arms: regions and hospitals</li> <li>Field Medical Commander in case of Mass Casualty Incident</li> <li><input type="checkbox"/> Other member of the NDCC family</li> <li><input type="checkbox"/> Private hospitals regarding status of patients including needs/concerns.</li> <li><input type="checkbox"/> Other GOs, NGOs, private organizations, etc.</li> </ul> <p>For Iloilo City, lead in the dispatching of teams for MCI to the site in coordination with the Medical Controller or Division Chief; for regions, lead in the dispatching of rapid assessment teams.</p>	<p>Assist the EOD1 in contracting agencies and facilities.</p> <p>Update database of important facilities and organizations.</p> <p>Get continuous updates until final reports is submitted.</p>
Admin on Duty	<p>Be responsible for other administrative concerns after office hours, during weekends and holidays, such as:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Signing of trip tickets for</li> </ul>	<p>Be responsible for faxing, documenting reports, memorandums, etc. To concerned agencies.</p>

	<p>urgent/official trips [SEP]</p> <p><input type="checkbox"/> Approval of the Requisition &amp; Issue Request of drugs/medicines &amp; other medical supplies [SEP]</p> <p><input type="checkbox"/> Preparing Department Personnel Orders (DPOs) of team [SEP] dispatched [SEP]</p> <p>Perform other duties stated in the endorsement checklist.</p>	<p>Check/record cell phone account balance and incoming text messages [SEP]</p> <p>Follow up status of the following:  <input type="checkbox"/> Department Order [SEP]  <input type="checkbox"/> Memorandum [SEP]</p> <p>Update report, etc. [SEP]</p> <p>Encode PLDT bills. [SEP]</p> <p>Cut newspaper clippings [SEP]</p> <p>Prepare Request &amp; Issuance Slip (RIS) [SEP]</p> <p>Prepare daily accomplishment report. [SEP]</p>
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### Administrative Aide/Driver

Evaluate pre-need of vehicles for maintaining good condition. [SEP]

Transport officials and staff on official travel and during emergencies and disasters. [SEP]

Prepare report of gasoline expenses (RIS, trip tickets and summary report) [SEP]

Maintain and ensure the serviceability of the vehicles. [SEP]

Perform other related functions as may be assigned. [SEP]

### Other Responsibilities:

Assist the EOD in monitoring [SEP]

Answer telephone and radio transceivers. [SEP]

Report to the EOD on the incidents he had monitored. [SEP]

### III.INDIVIDUAL BASE PRIMARY CARE SERVICE

#### HEALTH EDUCATION

##### **Purpose:**

The main purpose of these policies is to assist all client in developing and providing instruction and learning experiences to facilitate voluntary adaptation of behavior conducive to health in individuals, families and in the community.

In general, health education shall be provided in all clients availing health services in the primary care facility. It shall be integrated when providing key messages with clients especially before ending each services provided.

##### **Birth Planning and Preparedness**

The facility is using a Birth Plan /Mother-Baby Booklet wherein important details regarding preparation on expected delivery are discussed. The midwife assigned in health and wellness area shall assist the client in accomplishing the birth plan and assuring that plans shall be carried out well until post-partum period.

##### **Maternal and Newborn Care (Unang Yakap)**

The facility adheres to the standards of rooming –in and breastfeeding. All well infants without complication shall be given to their mothers to hold and caress immediately after birth. A facility staff shall assist the mother initiate breastfeeding in the delivery room by latching –on.

##### **Family Planning and Responsible Parenthood**

The facility provides health teachings and counseling with focus on modern methods and fertility awareness and observing the principles of informed choice, birth spacing, responsible parenthood and respect for life. FP commodities are distributed to health workers with regards to respective catchment area and priority recipients; the 4Ps and non – 4Ps but indigent. FP commodities received by the facility are solely coming from the Department of Health.

##### **Infant And Young Child Feeding And Lactation Management**

Health education on infant and young child feeding is incorporated to other programs. It is also included during the 30 minutes lecture of pregnant mothers during Araw ng Buntis.

##### **Hygiene**

Mother and Baby's hygiene is of paramount importance to avoid infection and acquiring other diseases within and outside the facility as well as the health staff. It is for the reason that hand washing

is practiced before and after procedure. They are constantly reminded during consultation check-ups and upon admissions.

### **Health Financing Membership**

The facility is currently accredited as Maternity Care, TB-DOTS, Primary Care Benefit and Newborn Care Screening provider. Giving free services to all patients whether indigent or not, with focus to the most vulnerable population, the young and the elderly.

### **Other Services**

All patient availing health services according risk-group shall be given health teachings regarding their concerns. All information provided shall be based on information guidelines provided by Department of Health. Practitioners shall present facts based on patient's level of understanding and abilities.

## **MATERNAL**

Have at least 4 prenatal check-ups (**at least 1 visit during the first 3 months; at least 1 visit during the 4th to 6th months; and at least 2 visits during the 7th to 9th months**).

Receive Tetanus Toxoid

Ask your health provider to help you accomplish "*Plano sa Paghahanda sa Oras ng Panganganak at Emergency*" in your *Booklet ni Nanay at ni Baby*, p.14

## **POSTPARTUM and NEWBORN CARE**

- All postpartum women should have regular assessment of vaginal bleeding, uterine tonus, fundal height, temperature and heart rate (pulse) routinely during the first 24 hours, starting from the first hour after birth. Blood pressure should be measured shortly after birth.
- If normal, the second blood pressure measurement should be taken within 6 hours. Urine void should be documented within 6 hours.
- At each subsequent postnatal contact beyond 24 hours after birth, enquiries should continue to be made about general well-being and assessments made regarding the following: micturition and urinary incontinence, bowel function, healing of any perineal wound, headache, fatigue, back pain, perineal pain and perineal hygiene, breast pain and uterine tenderness and lochia.
- Local cooling, such as with ice packs or cold pads, can be offered to women in the immediate postpartum period for the relief of acute pain from perineal trauma sustained during childbirth, based on a woman's preferences and available options.
- Oral paracetamol is recommended as first-line choice when oral analgesia is required for the relief of postpartum perineal pain.
- For postpartum women, starting routine pelvic floor muscle training (PFMT) after childbirth for the prevention of postpartum urinary and faecal incontinence is not recommended.
- For treatment of breast engorgement in the postpartum period, women should be counselled

and supported to practice responsive breastfeeding, good positioning and attachment of the baby to the breast, expression of breastmilk, and the use of warm or cold compresses, based on a woman's preferences.

- For the prevention of mastitis in the postpartum period, women should be counselled and supported to practice responsive breastfeeding, good positioning and attachment of the baby to the breast, hand expression of breastmilk, and the use of warm or cold compresses, based on a woman's preferences.
- Dietary advice and information on factors associated with constipation should be offered to women for the prevention of postpartum constipation.
- All postpartum women without contraindication should: undertake regular physical activity throughout the postpartum period; do at least 150 minutes of physical activity throughout the week for substantial health benefits; and incorporate a variety of physical and muscle-strengthening activities; adding gentle stretching may also be beneficial. Provision of comprehensive contraceptive information and services during postnatal care is recommended.

## NEWBORN

- The following signs should be assessed during each postnatal care contact, and the newborn should be referred for further evaluation if any of the signs is present: not feeding well; history of convulsions; fast breathing (breathing rate > 60 per minute); severe chest in-drawing; no spontaneous movement; fever (temperature > 37.5 °C); low body temperature (temperature < 35.5 °C); any jaundice in first 24 hours after birth, or yellow palms and soles at any age.
- The parents and family should be encouraged to seek health care early if they identify any of the above danger signs between postnatal care visits.
- Universal newborn screening for abnormalities the eye is recommended and should be accompanied by diagnostic and management services for children identified with an abnormality.
- Universal newborn hearing screening (UNHS) with otoacoustic emissions (OAE) or automated auditory brainstem response (AABR) is recommended for early identification of permanent bilateral hearing loss (PBHL). UNHS should be accompanied by diagnostic and management services for children identified with hearing loss.
- The first bath of a term, healthy newborn should be delayed for at least 24 hours after birth.
- Clean, dry umbilical cord care is recommended.
- Universal screening for neonatal hyperbilirubinaemia by transcutaneous bilirubinometer (TcB) is recommended at health facility discharge



## BREASTFEEDING

All babies should be exclusively breastfed from birth until 6 months of age. Mothers should be counselled and provided with support for exclusive breastfeeding at each postnatal contact.

Facilities providing maternity and newborn services should have a clearly written breastfeeding policy that is routinely communicated to staff and parents.

Health-facility staff who provide infant feeding services, including breastfeeding support, should have sufficient knowledge, competence and skills to support women to breastfeed.

## FAMILY PLANNING SCHEDULE

### SCHEDULE

Barangay- Agreed FP Day  
Main Health Center-Every Thursday

### SERVICES AND LOGISTICS

#### Family Planning Methods

Implanon Insertion-Every Thursday

In Charge: MHO

Certified and Trained RHM

#### Modern Natural Family Planning (NFP) Methods

Modern NFP methods are used to plan or prevent pregnancies by identifying the woman's fertile period. These methods do not require the use of drugs, surgical procedures or devices to promote or prevent conception. NFP is recommended for couples that can postpone intercourse when the woman is fertile. Consult your midwife, nurse or doctor to know the suitable method for you.

##### *Breastfeeding method (Lactational Amenorrhea Method or LAM)*

After you give birth, there is a period where the chances of getting pregnant are low. It is effective only if your period has not yet returned and your baby only receives breast milk for the first six months, without water, milk formula, juice, other liquids, and food.



### *Thermometer Method*

In this method, your body temperature is used to tell you (the woman) if you are ovulating. You can get pregnant during unprotected sex at that time. Its effectiveness depends on correctly taking your body temperature.

## **Modern Natural Family Planning (NFP) Methods**



### *Cervical mucus method*

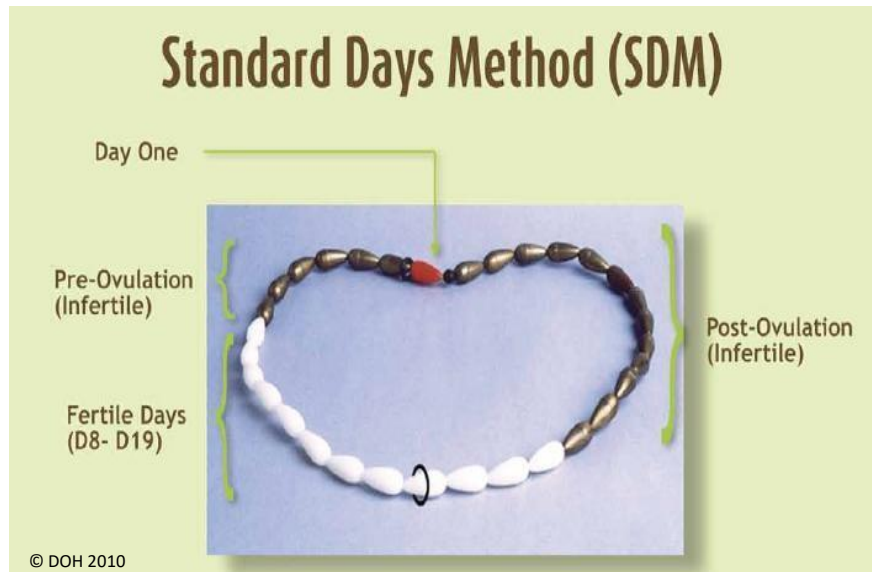
This method requires you (the woman) to observe the consistency of your cervical mucus to know when you are fertile. You can get pregnant during unprotected sex at that time.

## **Sympto-thermal Method**

This method is a combination of the thermometer and cervical mucus methods, and relates to other symptoms felt during the menstrual cycle.

### *Standard Days Method*

This works best if your menstrual cycle is between 26 and 32 days long. It specifies days within your cycle when you should avoid unprotected sex. The beads help you remember the safe period for intercourse.



### Other Modern Family Planning Methods

Other modern family planning methods prevent pregnancy by using drugs, devices or surgical procedures. You can use these methods even if you have sex during your fertile period. Consult your midwife, nurse or doctor to know the suitable method for you.



#### *Contraceptive Pills*

They contain hormones that prevent pregnancy when taken daily. If you are breastfeeding, there are pills that may be suitable for you.

#### *Condom*

This rubber barrier prevents semen from entering your (the woman's) body. It also prevents transmission of sexually transmitted infections.

#### *Injectable hormones*

This method also contains hormones that prevent pregnancy when you (the woman) are injected every three months. It is safe to use even when breastfeeding.

#### *Intra-Uterine Device (IUD)*

This method uses a small and flexible device placed inside your womb to prevent pregnancy.



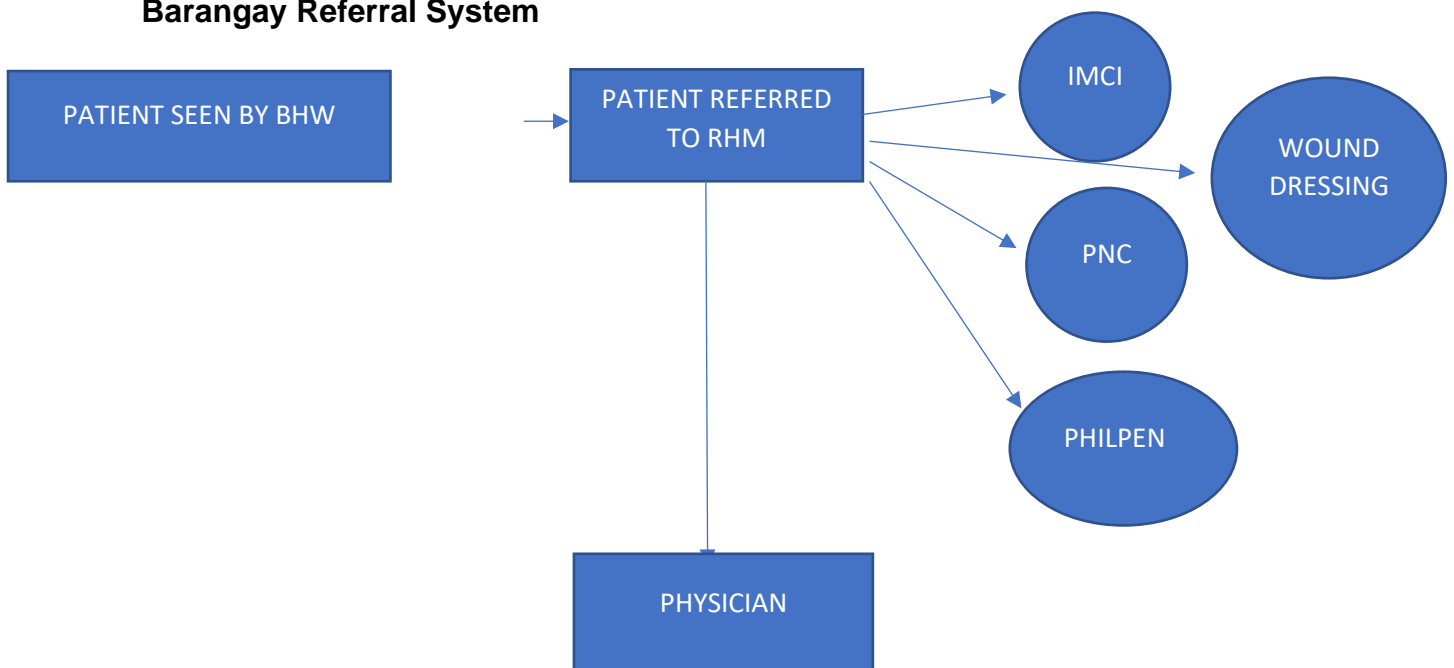
IUDs can be used continuously for up to 8 to 10 years with only periodic check-ups require

### LIST OF SERVICES

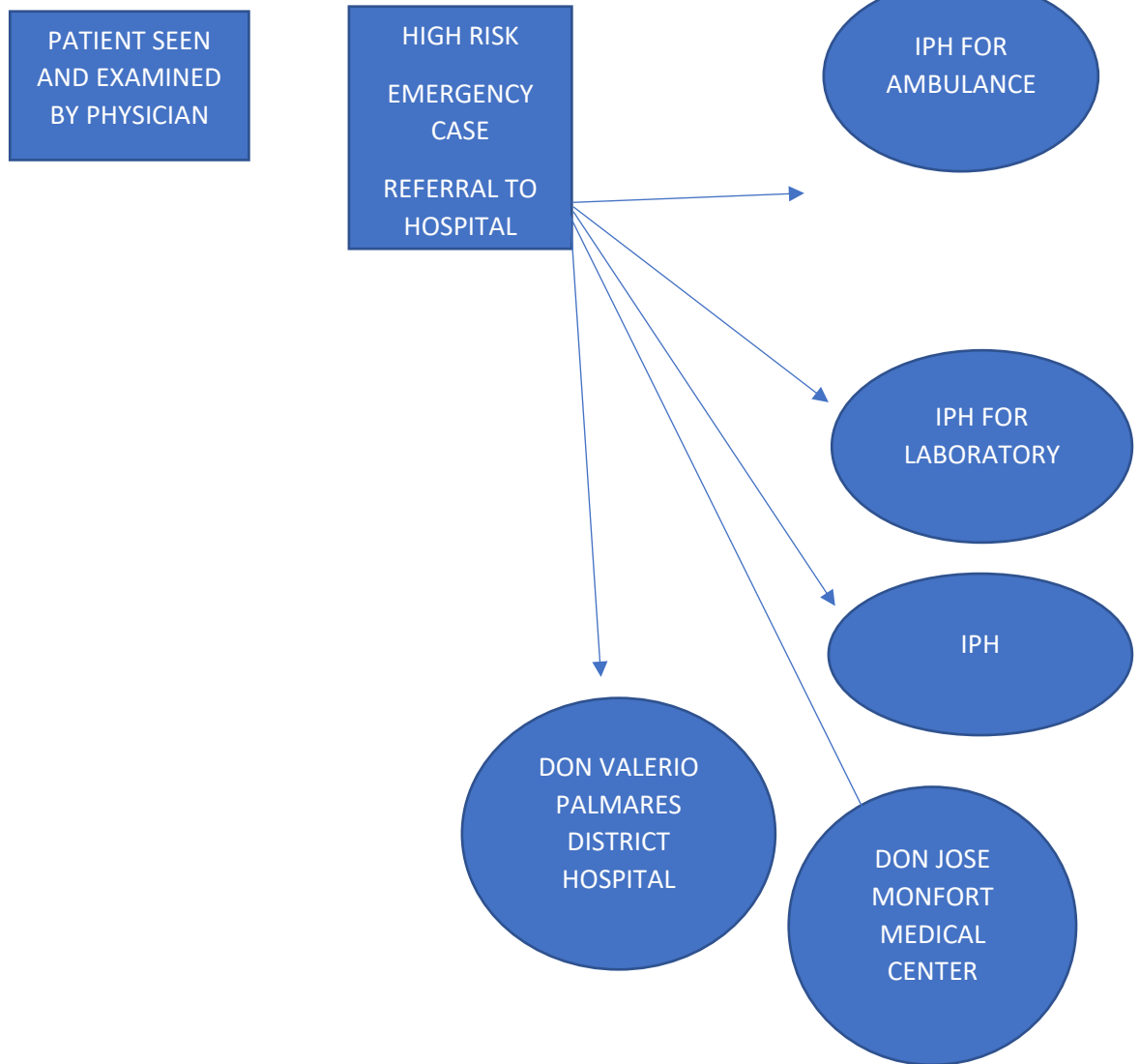
#### Medical Consultation, Medical Service and Referrals.

This is a medical service that may be availed by the clients who wishes to have consultation, check-up and referrals. Clients are examined according to the cases presented. Medicines are prescribed and dispensed, and referral to the next level facility for further evaluation and treatment may be facilitated when necessary.

#### Barangay Referral System



## PROCESS FLOW OF OUTSOURCED SERVICES



### Dental Consultation

This is a medical service where clients seek dental consultation like tooth extraction and examination.

Services Offered:

- Oral Examination (all age group)-**Thursday**
- Fluoride Varnish Application (1-5 y.o.)-**Wednesday**
- Dental Sealant Application (6-12 y.o.)
- Temporary Filling-Schedule
- Permanent Filling-Schedule
- Tooth Extraction (pedia and adult) -**Tuesday and Friday**

## COMMUNITY BASE DRUG REHAB

### I .Rationale:

The war on drugs had been continuously implemented despite the fight on COVID that hinders movement of the people however our municipality stayed focus on community base drug thus despite the drug clearance of 49 barangays we still continue to to roll our CBDRP since we all understand that behavioral changes is a long process.

After 5 years of handling CBDRP we came to analyze that values are the most important anchor for changes thus a need for a face to face interaction however with minimum health standard in place.

<b>Status of Outpatient Services</b>	<b>No. of People</b>	
Total Population	77,500	(2% - 1,550)
Surrenderers	642	<b>83%</b>
Screened surrenderers	412	<b>64%</b>
Assessed	113	<b>27%</b>
Enrolled	49	<b>43%</b>
Attendees	19	<b>39% / 4.6%</b>
Community services	56	<b>35.71%</b>

### 2. Objective:

1. To prevent relapse of PWUDS in the Municipality of Pototan
2. To strengthen value and mental health among our PWUDS
3. To educate family of PWUDS for the daily support need.
4. To conduct community orientation on COVID free areas

### 3. Activity on Relapse Prevention and Psychoeducation

#### **Individual Session**

Session on CBDRP 2x a week  
2 pm to 3 pm  
15 PWUDS/Sessions  
Pototan Rural Health Unit

#### **Family Session**

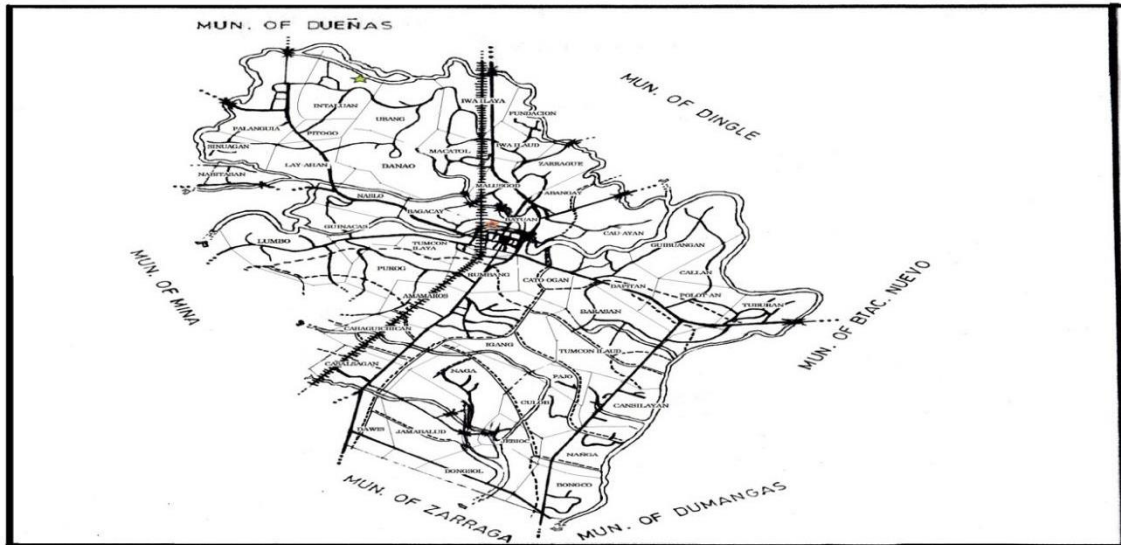
Family Support Session  
1 hour /month

15 Family Representative per session  
**Community Awareness Program**  
 1 hour/Month/Evacuation Center

**MENTAL HEALTH**

PSYCHOEDUCATION :USE OF CLIENTS HANDBOOK PSCHEDULE FOR  
 MODERATORS FOR HEALTH FACILITY BASE REHABILITATION

**DEVELOPMENTAL AND MENTAL HEALTH EVALUATION**



The Municipality of Pototan is located 2 kilometer away from the Regional Mental Hospital however despite the proximity there are still many patients around with less or no compliance to medication because of inability to continually purchase the medication prescribed because of lack of community engagement and that mental health program had not been a priority program in the primary health care.

OBJECTIVE	MAJOR ACTIVITY	RESULT AND SUCCESS INDICATOR	PERSON OR GROUP RESPONSIBLE	TIME FRAME	RISK	RISK TREATMENT	BUDGET
To Implement Mental Health program In the Municipality of Pototan	Master listing of person with mental illness in 50 barangays and status of compliance to medication	At least 60% patient master listed	BHW and BNS	June 2018			2,000
	Creation and Orientation of Responsibilities of Core Leaders in Mental Health Barangay Program (Barangay Captain ,2 BHW ,1Brgy. Leader (NGO), RHM,HRH,MHO	Core Group Created through Executive Order				Snacks and Incentivize (Last Friday of the Month )	10,000

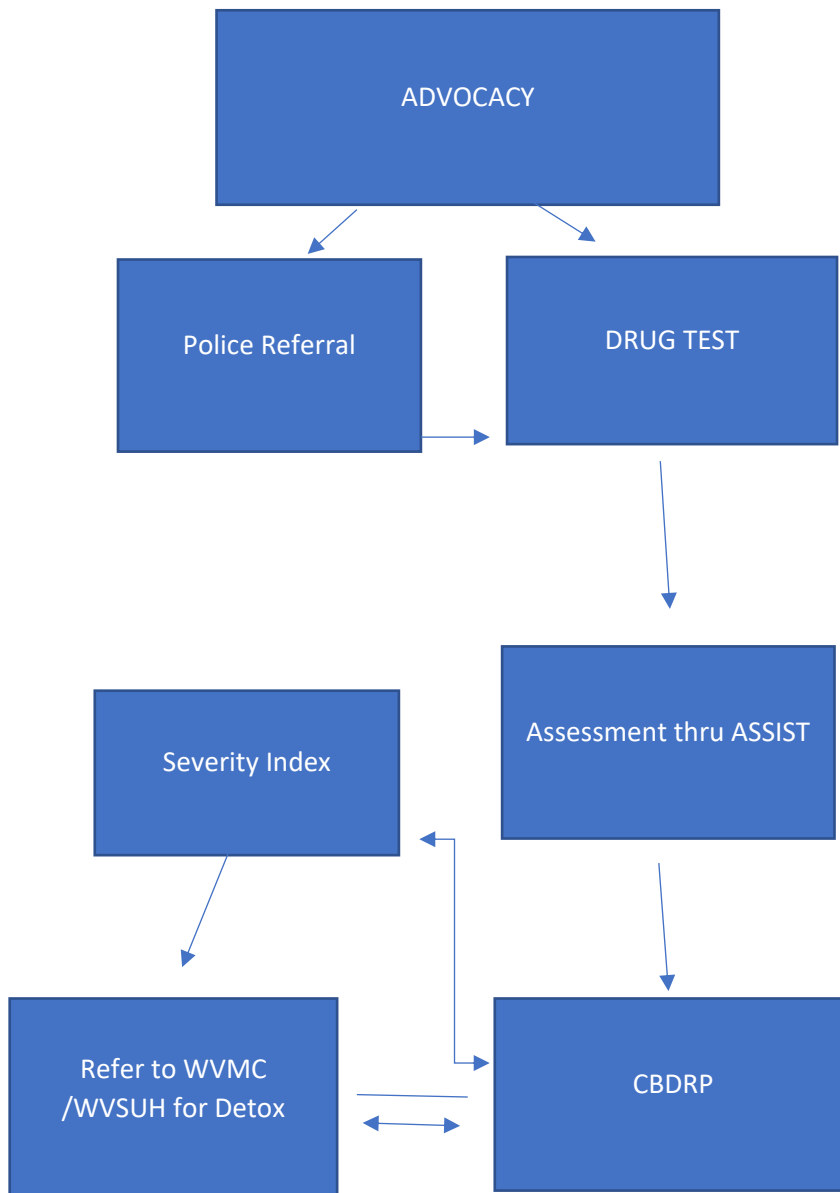
	Orientation of Core Groups to basic signs and symptoms of mental illness. Case Detection Rate and Tracking Tool				Non Commitment	Incentivize(250/participation)	10,000
	Development of System for storage and logistics handling up to barangay level						
	Development a system of drug inventory and request	Trained Core Groups on MHP	DOH,MHO		Conflict of Schedules of Trainers'		
	Conduct of Outreach Check up with Regional Mental Hospital	60% of the target clients seen	MHO				15,000
	Adopt a 1 Treatment Partner to 1 Client  Mental Health Clinic	100% of clients with identified partner  Mental Health Clinic at Main Health Center	RMH, BHW  RHM,Logistics Officer (MHC)			incentives	10,000
	Quarterly Evaluation of Barangay Mental Health Program	Barangays with clients evaluated	MHO,PB,BHW				5,000
	End of the Year meeting with Regional Mental Hospital	Meeting Conducted with exit outputs	RO 6,LCE,MHO				10,000



## SUBSTANCE ABUSE

### CIVIC AWARENESS AND RESPONSE

The concept is to **promote public awareness on the evils of dangerous drugs & social response** by advocating the non-use of dangerous drugs. Production and Distribution of Information, Education, Communication (IEC) materials and collaterals.



Barangay	Name of Client	Vital Signs	Drug Test Result	ASSISST RESULTS				Initial Screening	Admission and Orientation	Evaluation
				ALC	SMOKING	METH	THC			
			Neg.	M	M	L	M	done	done	Community
			Neg.	L	M	L	M	done	done	Community
			Neg.	M	M	L	M	done	done	Community
			Neg.	H	M	L	M	done	done	Community
			Neg.	H	M	L	M	done	done	Community

## PREVENT STUNTING: ENSURE GOOD NUTRITION IN THE FIRST 1000 DAYS



### PREGNANT AND LACTATING WOMEN

- Prenatal Care
- Iron/folic acid supplementation
- Immunization
- Reproductive health
- Salt iodization
- Lactation stations and breastfeeding breaks
- IYCF Counselling



### INFANTS

- Promotion of breastfeeding and complementary feeding
- Micronutrient Supplementation including micronutrient powder
- Salt iodization
- Immunization



### YOUNG CHILDREN

- Growth monitoring and promotion
- Management of childhood illnesses
- Water sanitation and hygiene
- Micronutrient powder
- Micronutrient supplementation
- Early child learning

## NUTRITION

Ranked/Prioritized List of Proposed Projects for Investment Programming						
Rank	Proposed Project / File No.	Location / Sector	Cost Estimate		Period of Implementation	
			Individual	Cumulative	From	To
1.	<b>1. Philippine Integrated Management of Acute Malnutrition</b>					
2.	1.1 Establishment of In-patient Therapeutic Care					
3.	1.2 Establishment of Out-patient Therapeutic Care	RHU		200,000	2023	2025
4.	1.3 Active Case Finding of SAM and MAM cases	RHU		230,000	2023	2025
5.	1.4 Training of Health Workers	RHU		100,000	2023	2025
6.	1.5 Improvement of Supply Chain	DA		50,000	2023	2025
7.	<b>Program 2. First 1000 Days Program</b>					
8.	<i>Pregnancy (9 months or 170 days)</i>					
9.	2.1 Early Pregnancy Tracking and Enrollment to Antenatal Care Services	RHU		50,000	2023	2025
10.	2.2 Provision of Iron-Folic Acid Supplements (Directly-observed supplementation)	RHU	100,000		2023	2025
11.	2.3 Dietary Supplementation for Pregnant Women	RHU	1,000,000	2,000,000	2023	2025

English (Philippines)

The above are our aligned program for nutrition.

### Human Resource Capacity Development

Mentoring

Correction of Reports

Unit meeting (10 BNS) every unit once a month for 5 days

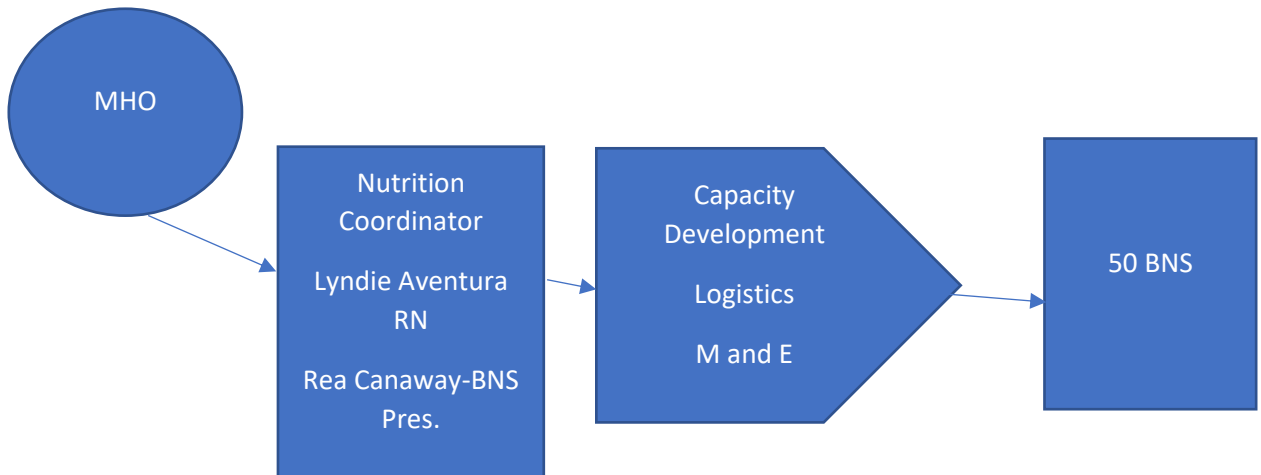
### Logistics

Giving out of goods (nutribun or rice for target pregnant and malnourished children aging 6-59 months)

### Monitoring and Evaluation

Once a month feedbacking for the 50 BNS

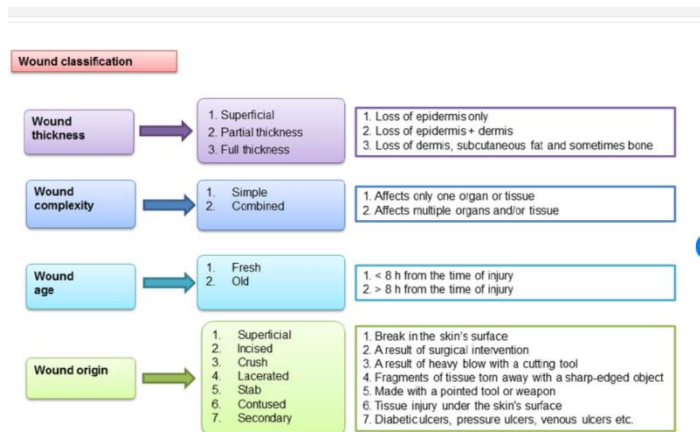
## Process Flow



## MINOR SURGERIES

Minor surgeries will be performed pending clearance of the patient as to its medical record, bleeding parameters and intake of oral medication.

Suturing of Superficial Lacerations-this procedure will be limited only to partial thickness



Circumcisions- this procedure can be done on a scheduled basis by our trained RHM

Incision and Drainage-this will be limited to wound of partial thickness. I and D will be done only by the Physician or Medical Officer

Debridement -this will be limited to wound of partial thickness. I and D will be done only by the Physician or Medical Officer

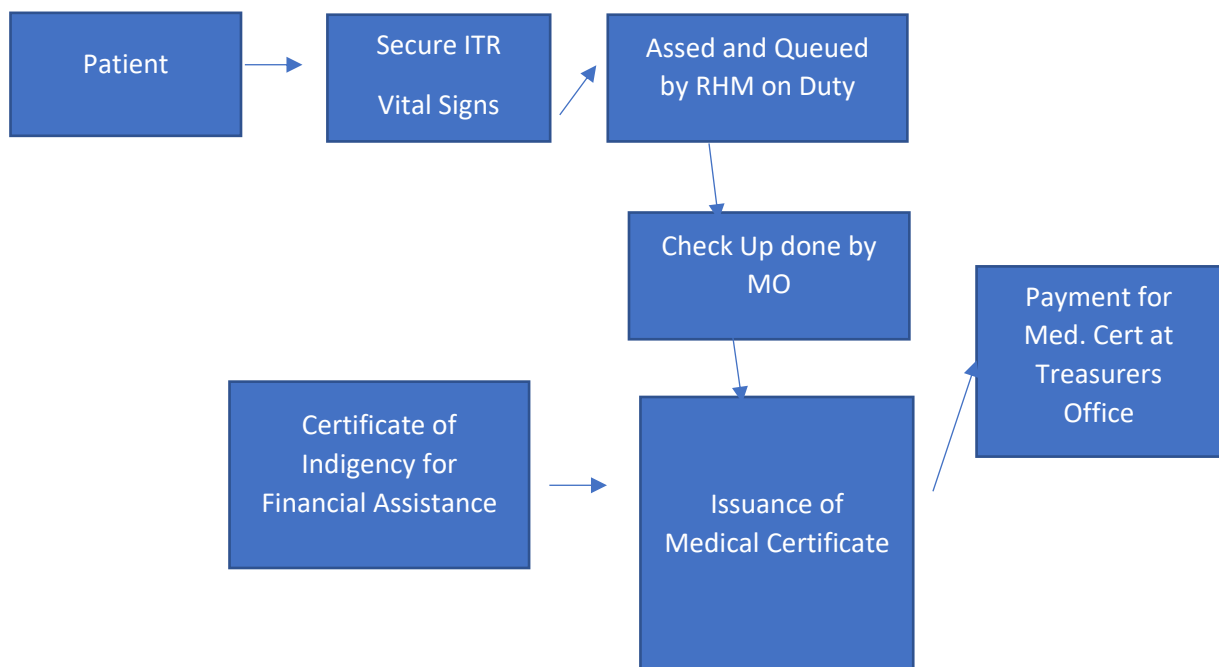
**Excision of Small Cyst--this will be limited to cyst with the depth up to dermis. Excision will be done only by the Physician or Medical Officer on a scheduled basi**

## **ADMINISTRATIVE SERVICES**

### **ISSUANCE OF MEDICAL CERTIFICATE**

**A document signed by a doctor that proves that someone is in good health or healthy enough do a particular type of work.**

#### **Process Flow of Issuance**



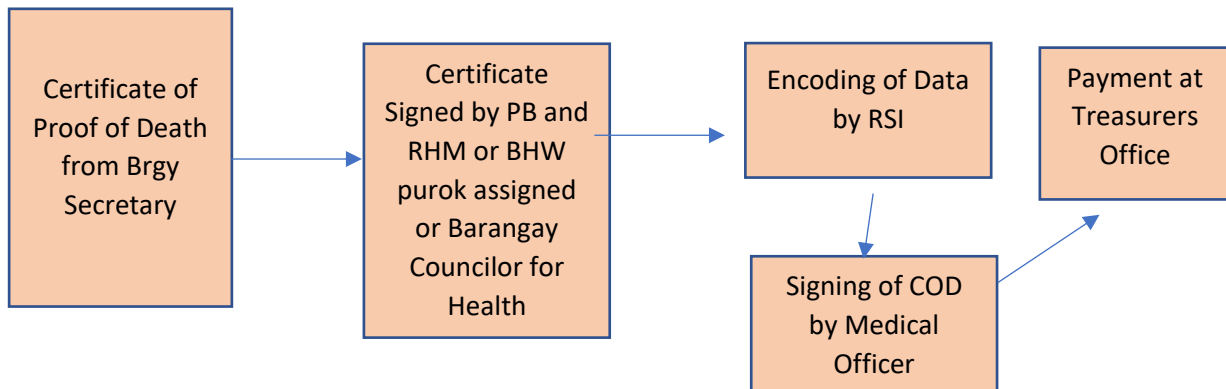
**DEATH CERTIFICATE-** A **Death Certificate** is an official document setting forth particulars relating to a dead person, including the name of the individual, the date of birth and the date of death.

When requesting for death certificate, the interested party shall provide the following information to facilitate verification and issuance of certification.

#### **Death Certificate:**

1. Complete name of the deceased person
2. Date of death
3. Place of death

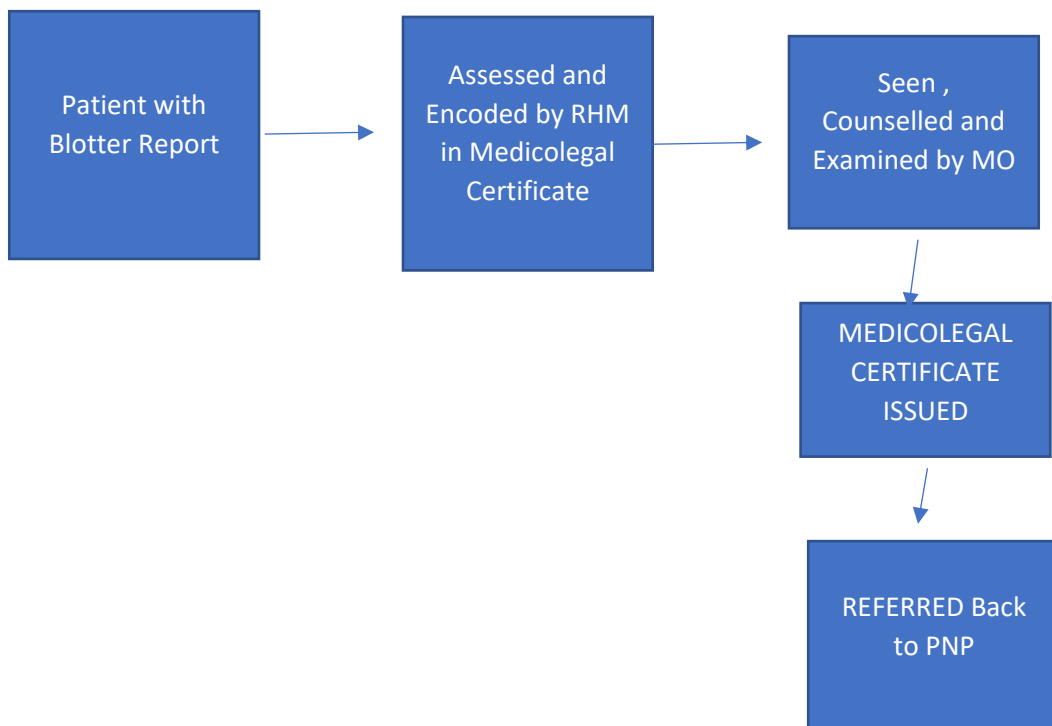
4. Place of marriage
5. Complete name and address of the requesting party
6. Number of copies needed
7. Purpose of the certification



### MEDICOLEGAL CERTIFICATE

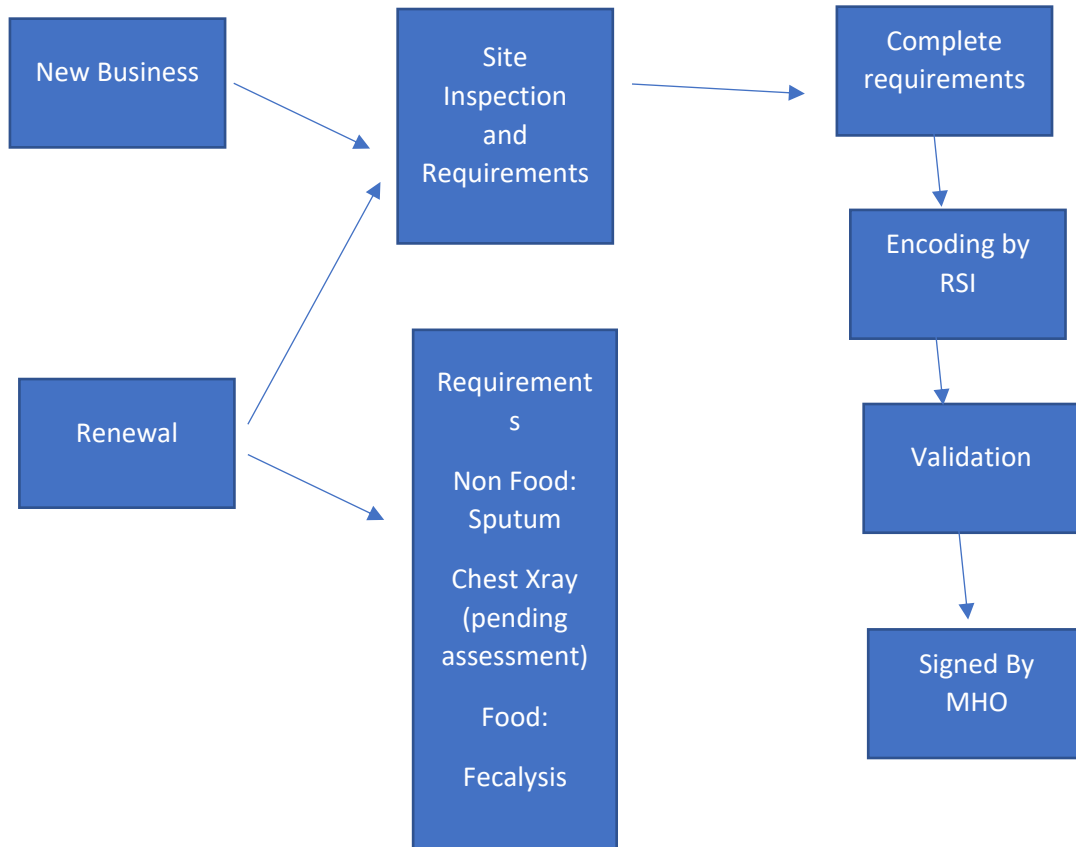
A medical certificate for medico-legal cases **provides the medical findings by the doctor of the injuries you sustained as a result, say, of an accident or a crime**. It is issued following the medical assessment conducted on your person, if possible immediately following the incident, by a medical professional

#### Process Flow



## Sanitation Inspection and Issuance of Sanitary Permit

Sanitary Permit means **the official document issued by the Department of Public Health and Social Services authorizing the establishment to operate its business.**



## SUPERVISORY SERVICES

### Patient Navigation in its Primary Care Provider Network

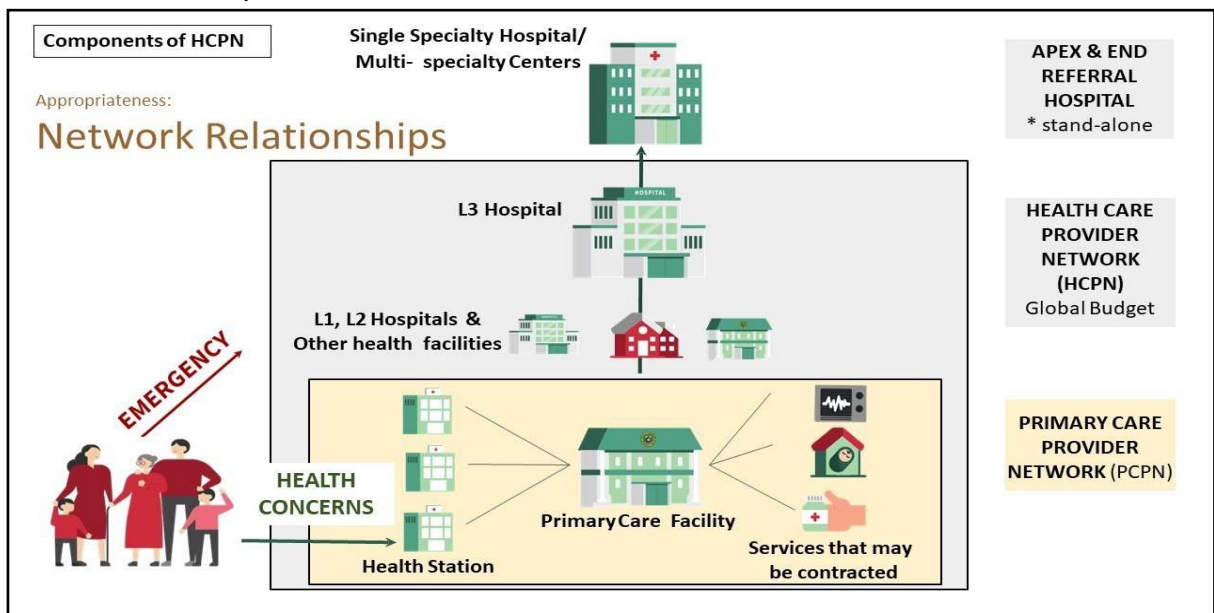
#### Principle and its Concepts

According to the DOH AO 2020 – 0019, which provides the guidelines on HCPN service delivery design consistent with the provisions of UHC Law, the referral system shall operate within the framework of HCPN and its sub-provincial health system with the Primary Care Provider Network (PCPN) as its foundation.

HCPN is a group of primary to tertiary care providers whether public, private, or mixed offering people-centered comprehensive care in integrated and coordinated manner with the primary care provider acting as the navigator and coordinator of health care within the network.

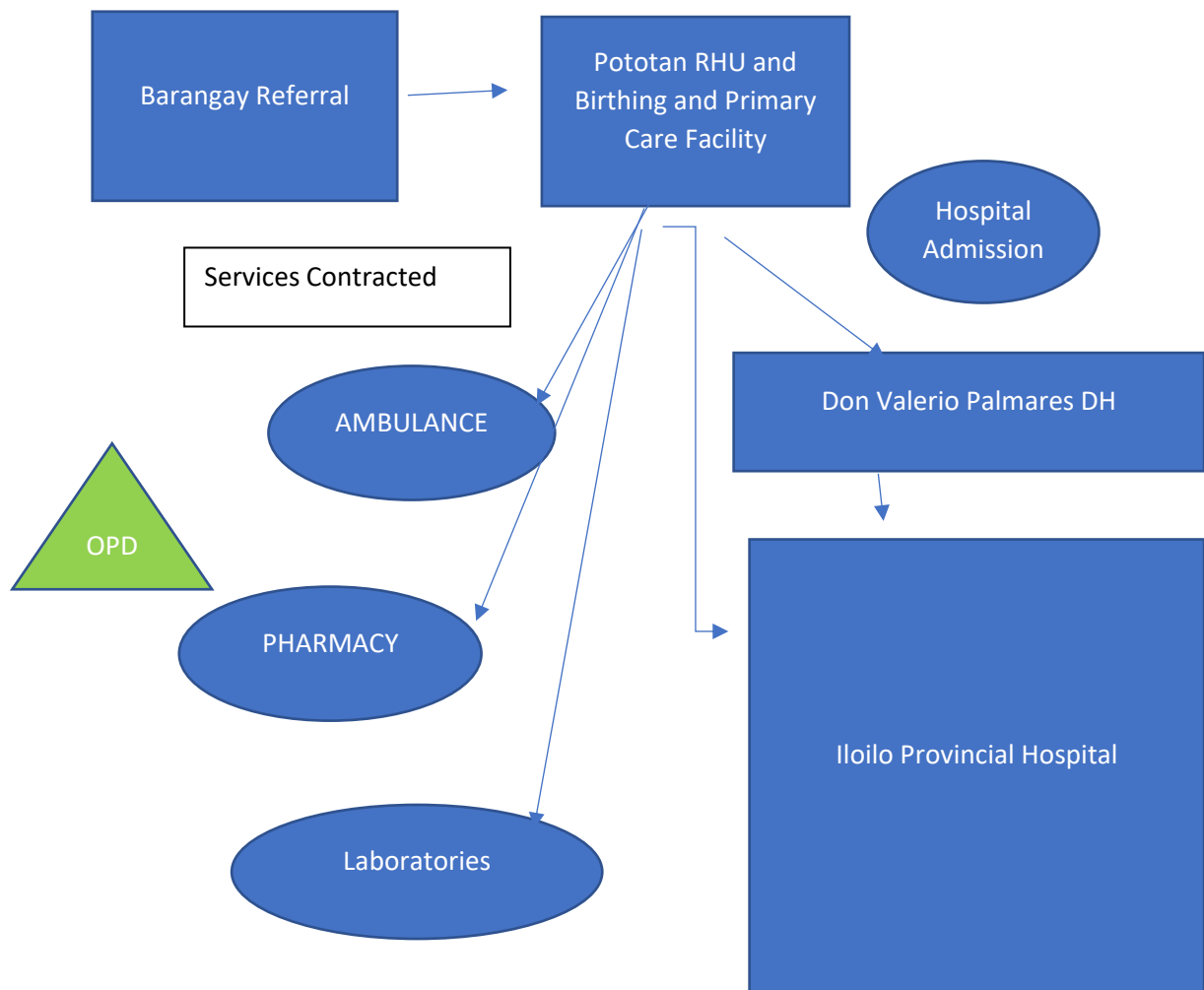
There are three (3) types of health care provider network:

1. **Public HCPN** - is created by grouping the public primary care providers and facilities into Primary Care Provider Networks (PCPNs) that are linked to secondary and/or tertiary care providers within geographic or political boundaries.
2. **Private HCPN** - is driven by market-based forces and may not be limited to defined geo-political boundaries. It is created by grouping the private primary care providers and facilities into Primary Care Provider Networks (PCPNs) that are linked to secondary and/or tertiary care providers within geographic or political boundaries.
3. **Mixed HCPN** - both public and private entities have co-ownership of all health facilities and services within the network. Co-ownership refers to ownership of



Taking from the DOH Memorandum. Pototan RHU will follow this Process Flow





### Supervisions of Barangay Health Station

**The RHM together with the BHW are the front liners in every BHS. The RHM seats in the BHB as Vice Chairman to recommend and discuss programs to the Barangay Council through the BHB.**

Rural midwives' primary function is to **provide antenatal and postnatal healthcare**. All participants provide antenatal care, including prenatal assessments, birth assistance, and supplementation from pregnancy until the postpartum period.

They **perform routine women's health checkups, educate women on prenatal health and nutrition, provide birth education classes and assist women with breastfeeding and infant care**. As labor and birth attendants, midwives provide coaching and comfort

## Supervision of other Health Workers in PCF

MHO- The MHO is the overall responsible officer of the Rural health Unit. He/ she is the **overall manager, supervisor, trainer, epidemiologist and medical and legal officer of the unit**. She/ he is ultimate responsible for all office and program activities

- Take charge of the office on health services, supervise the personnel and staff of said office, formulate program implementation guidelines and rules and regulations for the operation of the said office for the approval of the mayor, in order to assist him in the efficient, effective and economical implementation of a health services program geared to implementation of health related projects and activities;
- Formulate measures for the consideration of the sanggunian and provide technical assistance and support to the mayor, in carrying out activities to ensure the delivery of basic services and provision of adequate facilities relative to health services provided under Section 17 of this Code;
- Develop plans and strategies and upon approval thereof by the mayor, implement the same, particularly those which have to do with health programs and projects which the mayor is empowered to implement and which the sanggunian is empowered to provide for
- In addition to the foregoing duties and functions, the health officer shall :
  1. Formulate and implement policies, plans, programs and projects to promote the health of the people in the local government unit concerned;
  2. Advise the mayor and the sanggunian on matters pertaining to health;
  3. Execute and enforce all laws, ordinances and regulations relating to public health;
  4. Recommend to the sanggunian, through the local health board, the passage of such ordinances as he may deem necessary for the preservation of public health;
  5. Recommend the prosecution of any violation of sanitary laws, ordinances or regulations;
  6. Direct the sanitary inspection of all business establishments selling food items or providing accommodations such as hotels, motels, lodging houses, pension houses, and the like, in accordance with the Sanitation Code;
  7. Conduct health information campaigns and render health intelligence services; (viii)Coordinate with other government agencies and non-governmental organizations involved in the promotion and delivery of health services; and
- Be in the frontline of health services delivery, particularly during and in the aftermath of man-made and natural disasters and calamities; and Exercise such other powers and perform such other duties and functions as may be prescribed by law or ordinance.

Medical Officer- **Contributing clinical expertise to patient care and providing guidance to junior physicians.** Performing administrative duties and risk management. Ensuring the highest standards in patient care are maintained. Verifying complex diagnoses and facilitating treatment plans.

They may also help assess and diagnose needs and plans of action for individual and families.

**PUBLIC HEALTH NURSE-** They include strategies aimed at entire population groups, families, or individuals. In any setting, the role of public health nurses focuses on the **prevention of illness, injury or disability, the promotion of health, and maintenance of the health of populations.**

**MEDICAL TECHNOLOGIST-** A Medical Technologist, or Laboratory Technologist, **analyzes various biological samples to treat or diagnose different diseases.** Their main duties include getting biological samples ready to test, conducting blood tests and creating reports of their findings.

#### **IV .HUMAN RESOURCE MANAGEMENT**

##### **A CHANGE PLAN FOR HUMAN RESOURCE FOR HEALTH IN POTOTAN RURAL HEALTH UNIT**

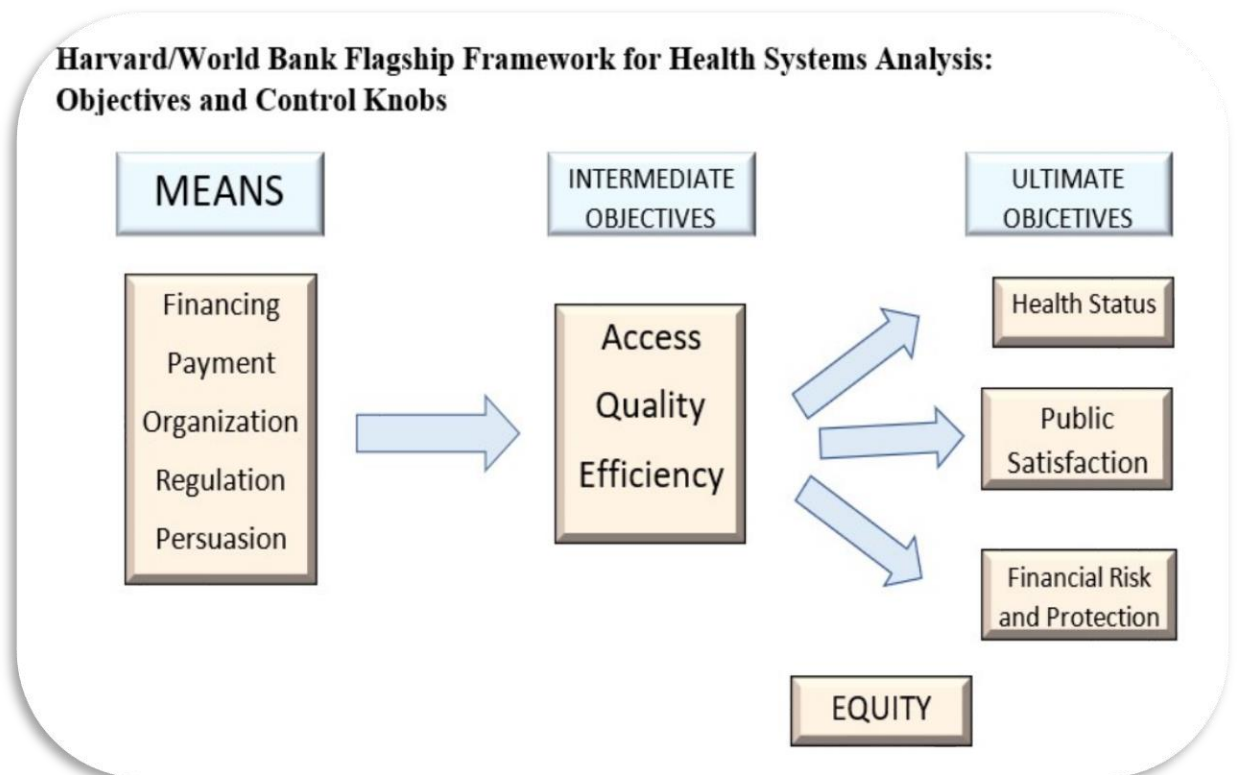
##### **BACKGROUND OF THE STUDY**

The Pototan Rural Health Unit is a devolved agency. It has 22 regular personnel. It is serving 80, 431 population in a community of 50 barangays. It delivers Primary Health Services. It is Implementing 58 population-based program of the Department of Health while still fighting the COVID 19 Pandemic. It gets its directive from both the Regional DOH Office and Provincial Government. The Local Government Unit has the authority over, hiring, recruiting, compensation and benefits of the personnel. It does not possess any blueprint or metrics after hiring for each health human resource. This pandemic was able to expose the weaknesses in health system especially in the personnel infrastructure that lead to a continuous long curve and spikes in its battle against COVID because of inefficiencies. There is now fatigue due to overwhelming demands for health services and a need for multitasking both the regular program and the fight against COVID. The urgency in increasing the number of jobs fit and culture fit personnel for health services is our burning platform.

## System Diagnosis

This diagram shows that Organization with Human Resource as component is one of the five pillars to attain the ultimate objective of the Department of Health which is Better Health Status or Outcome.

## Harvard/World Bank Flagship Framework for Health Systems Analysis: Objectives and Control Knobs



## Strategic Framework for HRH

Specifics for HRH under the management are the cross-cutting problems and the gaps we need to work on to attain our health goals.

### Strategic Framework for HRH

Module Specific Factors	Cross-Cutting Problems	State of HRH	System Goals	Health Goals
Financing Education <b>Management</b> Politics	Traditional Problems: <b>Slow Comprehension</b> <b>Lack of Communication Skill</b> <b>Hesitant to learn</b> <b>Electronic Medical Recording</b> <b>Absenteeism</b> <b>Lack of Motivation</b> <b>Complacent</b>	<b>HRH Level (how many?)</b> HRH Category HRH Distribution (where? who?) Within HRH-category skill-mix Geographical location Sector <b>HRH Performance (what do they do? how do they do it)</b>	Quality Efficiency Equity Sustainability	Health Status Financial Protection Citizen Satisfaction
<i>EXAMPLE: Education Module</i>				
Low # middle/high school graduates	Leads to... Limited health professions applicant pool	Lead to... Insufficient HRH level	Leads to... Compromised quality/equity	Leads to... Unsatisfactory population health status

## Strategic Planning Guideline for Health Human Resource

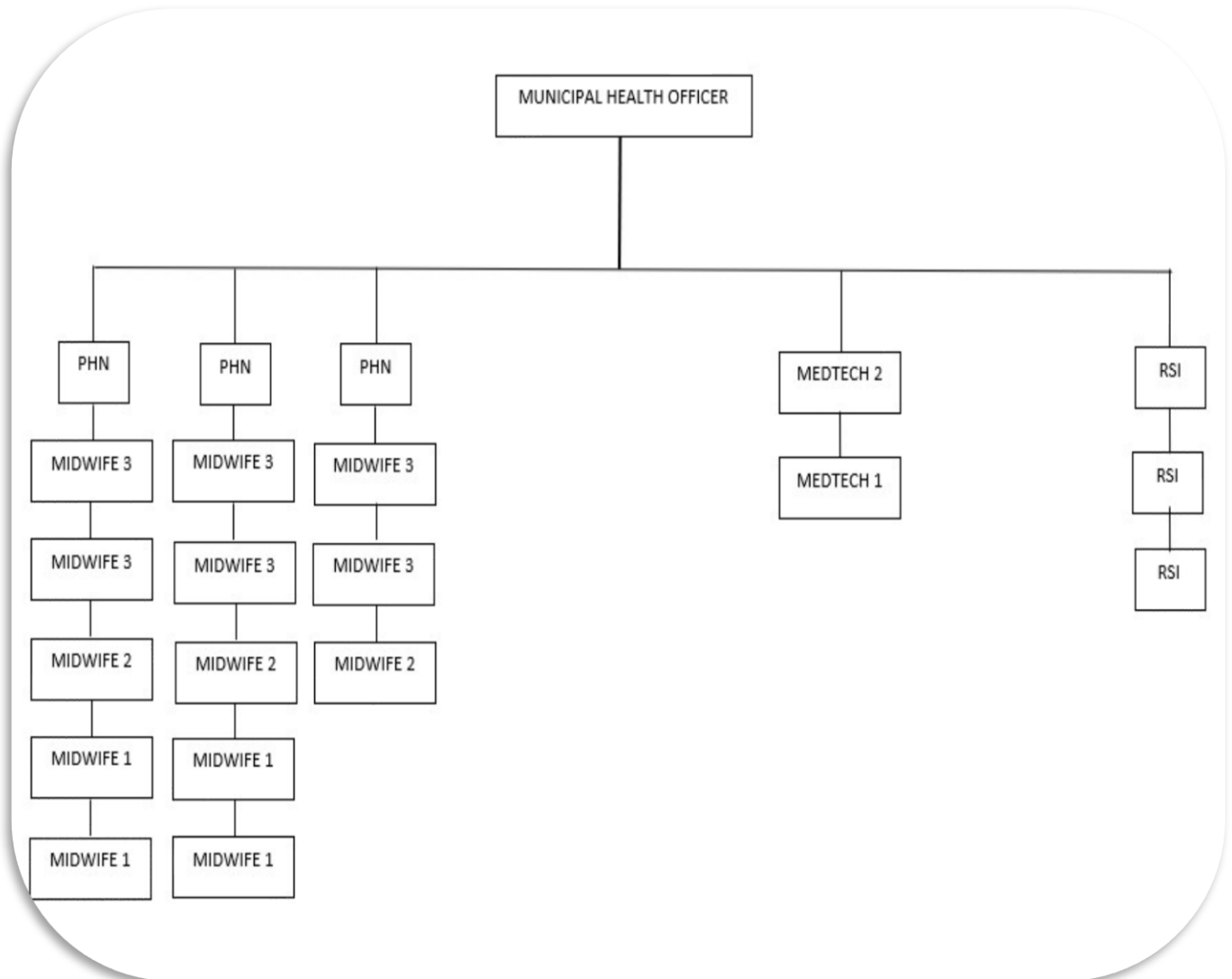
At the microlevel of the Local Government Unit with the assistance from the Regional DOH 6 control knobs that we can operate for this Change Plan is the density and the talent before their entry to the government and the performance of the existing personnel through Education Modules with Plan Do Study Act.

### Outline of Strategic Planning Guide

- **State** of HRH
  - Densities (levels) of Health Workers
  - Distribution
  - Performance
- **Cross Cutting** Problems
- **Modules** (Control Knobs)
  - Financing
  - Education
  - Management
- **Political** Feasibility and Strategies

## MICROLEVEL MANAGEMENT: FACILITY PRACTICE

Present Number of Health Personnel in the Municipality serving 50 Barangays .



### PROBLEM STATEMENT

In recent years it has been increasingly recognized that getting HR policy and management "right" has to be at the core of any sustainable solution to health system performance. Buchan J (2004) 1.HRM in the health sector is unique and over the years there had been no template in hiring health human resource in the government service other than suggested WHO of 1 health care worker is to 1,000 population. Hiring of Health workers is often highly politicized.

The RHU has 22 regular personnel and the ratio is 1:3461 population not withstanding of only on doctor.

The aim of this change plan is to provide a template in hiring health personnel as to number, job analysis, interview template and education.

1. There is a need to increase personnel number to deliver more services in the community at least 10% annually until the ideal ratio is reached.
2. Provision of template for hiring to ensure fit in the Human Resource for Health to stop the Culture of Patronage leading to inefficiencies.
3. There must be a linked and coordinated HRM interventions to achieve improvements in organizational performance than single or uncoordinated intervention.
4. There must be institutionalization of these reforms in order to address sustainability.

## **ANALYSIS OF ROOT CAUSES**

Leadership- Highly Politicize Hiring

Structure- naming only mandatory position but no number of personnel required in the Local Government Code

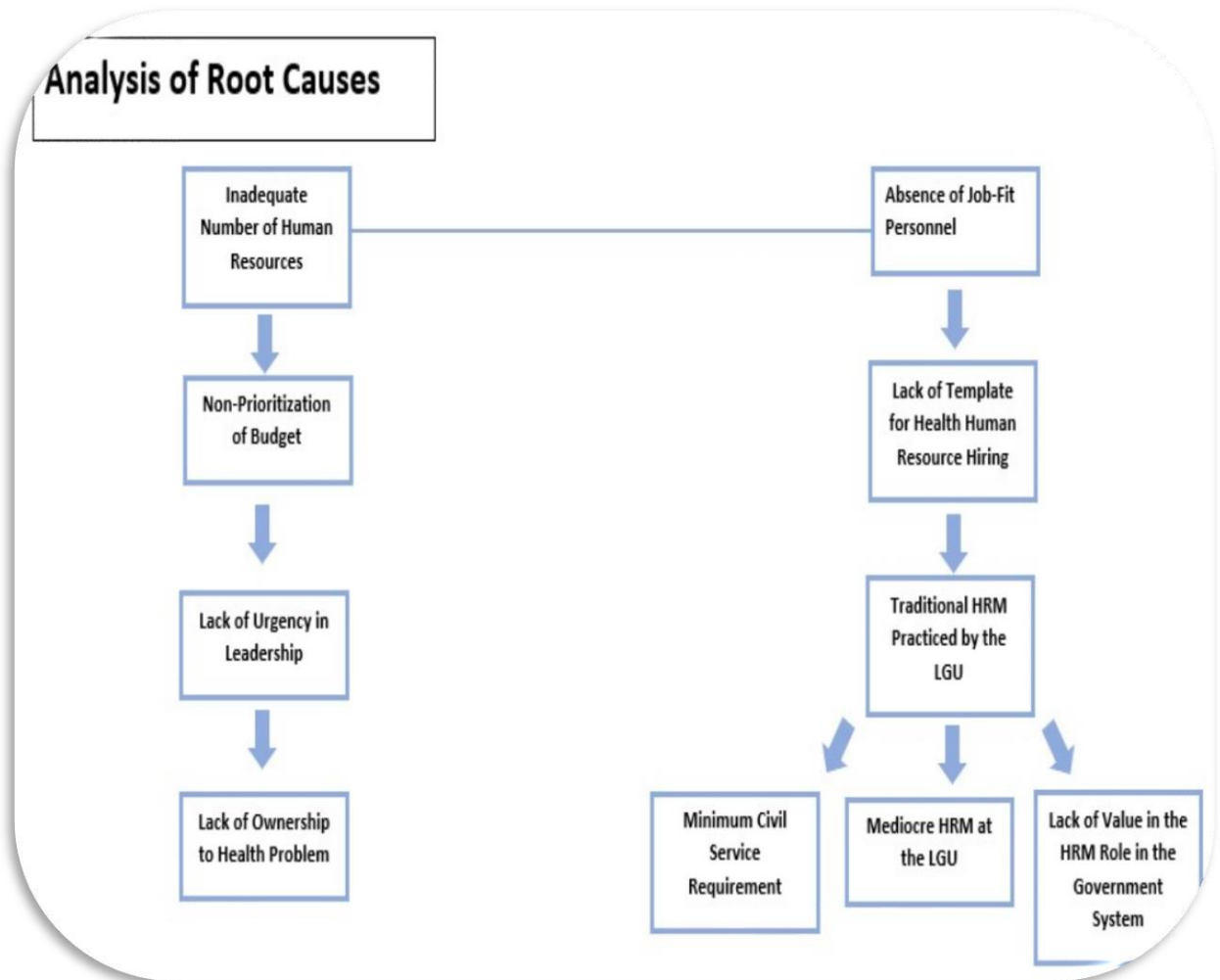
Financial Resources- The Local Chief Executive had been put to position by a vote of popularity thereby lacks the background on financial management of LGU resources.

Talent Management HR Practices- personnel hired are based on the minimum requirement by the Civil Service that had not been amended since 1991

Employee Engagement-benefits and compensation had not been updated in the last 10 years ago.

Culture -The mission and vision of the LGU had not been communicated to the personnel resulting to absence of objective. Working in the government is very much influence by Filipino culture



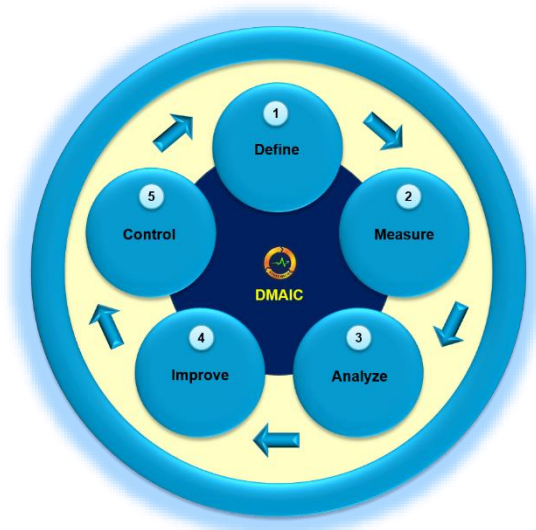


**MEASURES OF SUCCESS using the DMAIC model**

Number of Health Care Worker Hired by the LGU WHO Ideal Number 1 HCW: 1,000 population

Checklist and Scoring for the Human Resource Officer in Hiring New Health Care Worker

Number of Old and New Health Care Worker Committed to Retooling and Education



## CREATING CLIMATE FOR CHANGE

1. Create a sense of urgency with the Lets DOH it messages from the Local Chief Executive and Sanggunian Bayan.

Building of Performance Team Evaluation with inputs from the Non-Government Organization

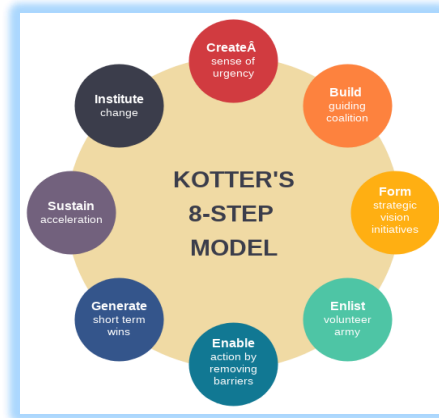
Observe, interview and figure out issues and reasons for non-hiring and upgrading of salaries

Lead team members to come up with a shared vision, discuss plans and huddles.

## TEAM MEMBERS

<b>Sponsor</b>	<b>Local Chief Executive</b>
<b>Team Leader</b>	<b>Municipal Health Officer</b>
<b>Team Members</b>	<b>NGO-Private Doctor/Sectors DOH-Development Management Officer Legislative Member for Health</b>
<b>Data Analyst</b>	<b>Human Resource Officer</b>
<b>Frontline</b>	<b>Administrative Staff</b>
	<b>Health Human Resource Representatives</b>

Anchored to Kotter's 8 Step Model CHANGE PLAN must be in place.



## ENGAGING AND ENABLING THE WHOLE ORGANIZATION

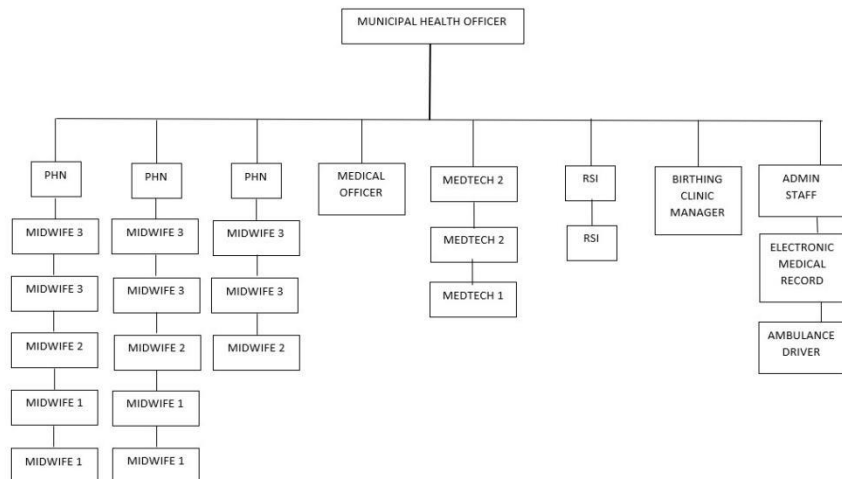
1. Communicate for Buy In
2. Enable Actions
3. Create and Celebrate Short Term Wins

## IMPLEMENTING AND SUSTAINING CHANGES

### Forecasting of Manpower

Additional:

- 2 Medical Officer
- 1 Public Health Nurse
- 4 Additional Rural Health Midwife
- 1 Nutritionist
- 1 Pathologist
- 3 Administrative Staff
- 2 Nightshift driver
- 2 Janitor



## Job Description

Title	Job Location	Job Summary	Reporting To	Job Duties and responsibilities	Supervisory Responsibility	Working Conditions/Physical demands/hazards
<b>Medical Officer</b>	<b>Municipality of Pototan</b>	<b>Curative Preventive Planning Administrator Communicator</b>	<b>The Municipal Health Officer</b>	<p>Devotes the morning hours attending to patients in the out- door. Implement all basic health services including family planning. Plan and implement UHC Proper implementation of IMCI as per guidelines. • Organize and conduct Family Planning Implant Organize training of all health personnel –Ensures that national health programmers are being implemented in area properly. • Visits each BHS regularly on fixed days and hours – Provides guidance, supervision and leadership to the health team.</p> <p>Leadership – which the medical officer is able to provide. • The medical officer must be – the planner, – the promoter, – the director, – the supervisor, – the coordinator as well as the evaluator.</p>	<b>Nurses Midwives BHW BNS</b>	<p><b>Must supervise staff in the field Must know how to communicate with barangay leaders Must travel around the targeted barangays</b></p>

<b>Public Health Nurse</b>	<b>Municipality of Pototan</b>	<p>Must know how to do planning</p> <p>Must have basic knowledge in IT</p> <p>Consistently Be knowledgeable on all the Public Health Program</p> <p>Must be good at specifics of programmed assigned</p> <p>Must know how to transfer knowledge to subordinates</p>	<b>MHO Barangay Officials</b>	<p>Doing strategies aimed at entire population groups, families, or individuals.</p> <p>Focuses on the prevention of illness, injury or disability, the promotion of health, and maintenance of the health of populations</p>	<b>Barangay Officials RHM BHW BNS Community</b>	
<b>Rural Health Midwife</b>	<b>Municipality of Pototan</b>	<p>Must know how to communicate and advocate,</p> <p>Must have leadership</p> <p>Must be promotive and caring</p>	<b>MHO PHN Barangay Officials</b>	<p>Assists the mother during childbirth and primary maternity care (1). In public health, midwife is playing a positive role, promotes health care system for mother and child, and brings the good change in the maternal</p>	<b>BHW BNS Barangay Local Health Board</b>	

				Ensuring completeness of requirements attached to transactions		
<b>Janitor</b>	<b>Municipality of Pototan</b>	<b>Must possess knowledge and efficiency in cleaning and disinfecting</b>		<p>Cleans and keeps up various surfaces and material within a building or space.</p> <p>Sweeps and mops floors.</p> <p>Vacuums and steam clean carpets.</p> <p>Washes windows and launders drapes.</p> <p>Cleans and disinfects toilets and replenishes supplies such as toilet paper, soap, and paper towels.</p>		
<b>Ambulance Driver</b>	<b>Municipality of Pototan</b>	<p>Have a license in Basic Life Support</p> <p>ACLS license is encouraged</p> <p>Must have knowledge on basic repairs</p> <p>Must clean and disinfect ambulance after every use</p> <p>Must Efficiently read and fill in required detailed trip report</p>		<p>Drive <b>ambulances</b> to assist injured or sick individuals.</p> <p>Move patients onto stretchers to bring onto vehicle.</p> <p>Replace supplies in the <b>ambulance</b> weekly.</p> <p>Administer first aid, including CPR and bandaging, once at the destination</p>	<b>MHO MO PHN RHM Medical technologist</b>	

## Job Specifications

Title	Qualification	Work Experience	Skills	Mental Ability	Sensory Demand	Socio Emotional Ability
Medical Officer	A Board Passer Must Have a Master's in Public Health or Public Management (DAP preferably or from Top 5 University in the Province)	Had at least 2 years hospital experience as residence of specialist and a 1-year experience in public health	Undertaking patient consultations and physical examinations organizing workloads performing minor surgical procedures Birth delivery care monitoring and administering medication assessing and planning treatment requirements liaising daily with staff including other doctors, non-medical management staff and healthcare professionals writing reports and maintaining records	Good practical skills Leadership and management skills Communication skills, compassion and a good bedside manner Drive to continue learning throughout career Analytical ability	Works without noise Applies green practice to work Conscious in making workplace clean and smell fresh	Ability to work long hours, often under pressure Displays self-control. Expresses feelings with words. Listens and pays attention. Pride in accomplishments. Has a positive self-image. Asks for help when needed. Shows affection to familiar people.

			promoting health education	Time management		Aware of other people's feelings.
Public Health Nurse	Board Passer Master's in Public Health/Administration/Management	Must have 2 years hospital experience and at least 2 years in community health	excellent communication skills project management. analytical skills. influencing and negotiating skills. ability to work across multi-agency or multi-disciplinary professional networks. good people skills in order to develop and sustain relationships.	Verbal comprehension Inductive reasoning. Word fluency. Associative memory. Perceptual speed.	Works without noise Applies green practice to work Conscious in making workplace clean and smell fresh	Ability to work long hours, often under pressure Displays self-control. Expresses feelings with words. Listens and pays attention. Pride in accomplishments. Has a positive self-image. Asks for help when needed. Shows affection to familiar people. Aware of other people's feelings.
Sanitary Inspector	A bachelor's or master's degree in the major of Occupational Health, a natural science (Biology, Chemistry, Physics), Environmental Science or Public Health. ...	Must have 4 years of work-related experience	excellent communication skills project management. analytical skills. influencing and negotiating skills.	Verbal comprehension Inductive reasoning. Word fluency.	Applies green practice to work Conscious in making	Ability to work long hours, often under pressure Displays self-control.



		Must know basic IT Knowledge (word, excel, powerpoint)		health conditions and newborn baby (2).		
Nutritionist	Municipality of Pototan	Knowledge on Planning and Evaluation. Must know how to transfer skills and advocate Must know basic IT Knowledge (word, excel, powerpoint)		Most nutritionists reported performing food and nutrition actions advocated for PHC, with emphasis on practices for promoting eating habits, diagnosis and care for nutritional deviations	BHW BNS Barangay Nutrition Committee	
Pathologist	Municipality of Pototan			Supervises secondary laboratory as to accuracy and quality of results.	Medical technologist Laboratory Aide Utility	
Administrative Staff	Municipality of Pototan		Municipal Health Officer	Tasks such as scheduling appointments, answering phones, greeting visitors, and maintaining organized file systems for the organization. Encoding Communication Screening of Incoming Supporting Papers	Janitor	

	Must have a Diploma in Sanitary Inspector Course		ability to work across multi-agency or multi-disciplinary professional networks. good people skills in order to develop and sustain relationships.	Associative memory. Perceptual speed.	workplace clean and smell fresh	Expresses feelings with words. Listens and pays attention. Pride in accomplishments. Has a positive self-image. Asks for help when needed. Shows affection to familiar people. Aware of other people's feelings.
Rural Health Midwife	Bachelor of Science in Midwifery Able to earn a masters degree related to course or public health/administration	Must have 2 years training in Hospital delivery Room Must have at least 1-year experience in Public health	an understanding and caring attitude. an ability to get on well with people from a wide range of backgrounds. emotional and mental strength. good observation. an ability to act on own initiative. patience. maturity.	Verbal comprehension Spatial orientation. Inductive reasoning. Number facility. Word fluency. Associative memory. Perceptual speed.	Works without noise Applies green practice to work Conscious in making workplace clean and smell fresh	Ability to work long hours, often under pressure Displays self-control. Expresses feelings with words. Listens and pays attention. Pride in accomplishments. Has a positive self-image. Asks for help when needed.

			willingness to take responsibility.			Shows affection to familiar people. Aware of other people's feelings.
Nutritionist	A Board Passer Able to earn a master's degree related to course or public health/administration	Must have at least 2 years work experience in the government under DOH or NNC	Teamworking skills. Keen interest in the impact of diet on health. Good interpersonal skills. Communication skills, including the ability to explain complex things simply. An understanding of science. Able to motivate others.	Verbal comprehension Spatial orientation. Inductive reasoning. Number facility. Word fluency. Associative memory. Perceptual speed.	Works without noise Applies green practice to work Conscious in making workplace clean and smell fresh	Ability to work long hours, often under pressure Displays self-control. Expresses feelings with words. Listens and pays attention. Pride in accomplishments. Has a positive self-image. Asks for help when needed. Shows affection to familiar people. Aware of other people's feelings.
Pathologist	A Board Passer Certificate in Quality Management	Must have at least 2 years of work-related experience	Teamworking skills. Good interpersonal skills.	Verbal comprehension Spatial orientation.	Works without noise Applies green	Ability to work long hours, often under pressure Displays self-control.

			Communication skills, including the ability to explain complex things simply. An understanding of science. Able to motivate others.	Inductive reasoning. Number facility. Word fluency. Associative memory. Perceptual speed.	practice to work Conscious in making workplace clean and smell fresh	Expresses feelings with words. Listens and pays attention. Pride in accomplishments. Has a positive self-image. Asks for help when needed. Shows affection to familiar people. Aware of other people's feelings.
Administrative Staff	A 4-year graduate Certificate in Information technology or Related Training	Must have at least 2 years' experience in the use of word, excel, ppt. Must have communication and writing skills	Written communication. Verbal communication. Organization. Time management. Attention to detail. Problem-solving. Technology. Independence.	Verbal comprehension Spatial orientation. Inductive reasoning. Number facility. Word fluency. Associative memory. Perceptual speed.	Works without noise Applies green practice to work Conscious in making workplace clean and smell fresh	Ability to work long hours, often under pressure Displays self-control. Expresses feelings with words. Listens and pays attention. Pride in accomplishments. Has a positive self-image. Asks for help when needed.

						Shows affection to familiar people. Aware of other people's feelings.
Janitor	At least college level	Must have at least 2-year work experience in janitorial service	Responsible for cleaning buildings, removing debris, and keeping areas neat and tidy. Vacuums and buffs floors, empties trash receptacles, and replace lining of trash cans. Replace and water plants	Verbal comprehension Spatial orientation. Inductive reasoning. Number facility. Associative memory. Perceptual speed.	Works without noise Applies green practice to work Conscious in making workplace clean and smell fresh	Ability to work long hours, often under pressure Displays self-control. Expresses feelings with words. Listens and pays attention. Pride in accomplishments. Has a positive self-image. Asks for help when needed. Shows affection to familiar people. Aware of other people's feelings.
Ambulance Driver	At least college level, Level 2 drivers license, Certificate Course in BLS, ACLS is a plus	Must have at least 2 years' experience in driving and 1 year in	driving and staffing ambulances and other emergency vehicles. responding to emergency calls.	Verbal comprehension	Works without noise Applies green	Ability to work long hours, often under pressure Displays self-control.
		automotive repair	assessing patients, monitoring and administering medication, pain relief.	Spatial orientation. Inductive reasoning. Number facility. Associative memory. Perceptual speed.	practice to work Conscious in making workplace clean and smell fresh	Expresses feelings with words. Listens and pays attention. Pride in accomplishments. Has a positive self-image. Asks for help when needed. Shows affection to familiar people. Aware of other people's feelings.

## Assessment Interview

Assessment Interview: Gathering I

- Summarize below key facts showing the applicant's demonstrated capabilities in each Success Factor.
- Record 2 to 3 behavioral evidences for each factor.
- Check the rating that best describes your assessment of the applicant's capabilities.

Leadership

Displays to be a strong communicator (listening, responding, explaining)

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

Proved that it can effectively work in a team environment

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

Does not allow ego to get in the way of making team decisions.

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

Can speak up about the things that would like others to be open with.

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

Displays strong collaboration with [previous colleagues, staff, and hospital administration.

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

Feel comfortable addressing conflicts as soon as they arise.

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

**Strategic Thinking and Results Focus I**

Able to think and make strategic tactical decisions.

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

Think of new ways to approach a problem from a process perspective.

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

Able to work in a complex practice setting.

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

Able to create unique clinical insights and create competitive advantage for department or organization.

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

Programmable, systematic and rational thinker.

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

**Commitment and Motivation**

Describe a time when you recognized you weren't going to be able to meet multiple deadlines. What did you do about it? What was the outcome?

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

Tell me about a time when you had an idea that was great for own work, your team or your company. How did you get your management/peers excited about it? How did you follow through to ensure your idea came to life?

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

When you're able to make extra time in your role, do you ever do anything to make your job more efficient/easy?

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

What techniques have you learned or discovered that make your job easier, or make you more productive?

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

What motivates you to go to work every day?

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

4	3	2	1	0
---	---	---	---	---

Tell me about a time where you went above and beyond your role and expectations. Why did you do this? What exactly did you do?

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

Can you describe a time where you identified a new, or unusual approach to address a problem or task? How did this approach work?

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

If you find yourself stuck doing repetitive work, how do you motivate yourself to continue and complete it?

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

Have you ever been a part of an unmotivated team? What did you do to stay motivated and make work interesting?

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0

4	3	2	1	0
4	3	2	1	0

**Technical Mastery**

How did your education prepare you for this job?

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

What **technical** certifications do you have?

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0



What do you do to stay up-to-date on your **technical** certifications and knowledge?

EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0
4	3	2	1	0

PART II. RATING SUMMARY					
	EXCEPTIONAL	VERY STRONG	STRONG	MODERATE	WEAK
Leadership	4	3	2	1	0
Strategic Thinking and Results Focus I	4	3	2	1	0
Commitment and Motivation	4	3	2	1	0
Technical Mastery	4	3	2	1	0

**Minimum Requirements For “Pass”**

- Minimum Recruiting Quality Score of 8
- Must be at least Strong in Leadership and Strategic Thinking and Results-focus
- No Weak rating and no more than two Moderate ratings

## V INFORMATION MANAGEMENT

### **POLICIES AND PROCEDURES ON RECORD STORAGE, SAFEKEEPING, MAINTENANCE AND RETENTION**

Records are one of the most valuable assets of any type of organization. As we are all aware of, records support decision-making, demonstrate compliance, document the history of the organization, and perhaps most importantly, enable us to do our jobs. Thus, records need to be properly managed in order to maximize their value and minimize their cost.

The Pototan Rural Health Unit and Birthing and Primary Care Facility, as a rural health unit, shall be governed by the existing laws and policies of the government. Thus, in compliance with the Republic Act NO. 9470 otherwise known as the National Archives of the Philippines Act of 2007, shall give priority for the safeguard, protection and preservation of its documents and records, not only as fundamental instruments for efficient and effective governance but also as essential tools for the preservation of the college’s history and cultural memory.

Towards this end, the Pototan Rural Health Unit and Birthing and Primary Care Facility acknowledges its obligation to establish and maintain an active continuing program directed to the application of efficient and economical records management methods relating to the creation, utilization, maintenance, retention, preservation, and disposal of public records (Rule 3.1, Art. III, NAP General Circular No. 1.

The RHU shall serve as guidance and resources for all the patients it is responsible for creating, receiving, preparing, processing, storing, and disposing of records. It shall also contain the functions, organizational chart of the records, policies and standard operating procedures of all records management activities. The policies, rules and regulations embodied in the RMM were all based from the pertinent provisions of RA 9470 and its Implementing Rules and Regulations (IRR), and the NAP General Circulars issued under the provisions of said Act.

As provided under Article III of the NAP General Circular No. 1, the RHU shall establish its Records and Archives Office and shall be headed by a qualified Records Officer. The office is mandated to oversee the records management program of the unit.

Figure 1 shows the organizational set-up of the Records and Archives Office of RHU. The office shall be under the supervision of the Municipal Health Officer.

## **POLICY TITLE: POLICIES ON RETENTION AND DISPOSAL OF MEDICAL RECORDS**

### **Policy on Record Disposition Schedule**

**Purpose:** To establish guidelines for the retention and disposition of records created and maintained by the organization.

**Scope:** This policy applies to all records created and maintained by the organization, regardless of format or medium.

**Policy:** The organization shall maintain records in accordance with legal and regulatory requirements, and for as long as they are needed for business purposes.

**Medical Records:** Medical records shall be retained for a minimum of seven years from the date of the last patient encounter, in accordance with DOH regulations. After the retention period has expired, medical records shall be destroyed in a secure manner.

**Medicolegal Records:** Medicolegal records, including records related to malpractice claims, shall be retained for a minimum of 25 years from the date of the last patient encounter. After the retention period has expired, medicolegal records shall be destroyed in a secure manner.

**Non-Medical Records:** Non-medical records, such as logbooks and administrative records, shall be retained for a minimum of seven years from the date of creation or receipt. After the retention period has expired, non-medical records shall be destroyed in a secure manner.

**Exceptions:** There may be instances where legal, regulatory, or business requirements necessitate the retention of records for a longer period than specified in this policy. In such cases, the organization shall retain the records for the required duration.

**Disposal:** Records that have met the minimum retention period and are no longer needed for business purposes shall be destroyed in a secure manner. Destruction methods shall ensure that the records cannot be reconstructed or accessed by unauthorized persons.

**Responsibilities:** It is the responsibility of all employees and contractors to adhere to this policy and ensure that records are retained and disposed of in accordance with these guidelines. The organization shall designate an individual or department responsible for the implementation and oversight of this policy.

**Training:** All employees and contractors shall receive training on this policy and their responsibilities for record retention and disposal.

**Enforcement:** Non-compliance with this policy may result in disciplinary action, up to and including termination of employment or contract.

### **Policy on Treatment of Valueless Records**

It is important for government agencies to conduct periodic examinations of their files to identify and dispose of valueless records. This helps to maintain an efficient and effective records management system, and ensures that valuable resources are not wasted on storing and maintaining records that are no longer needed.

As per policy, agencies should conduct such examinations at least once a year, separating records that are to be disposed of from those that need to be retained for further use. However, it is important to note that public records under the administration and control of the agency should not be disposed of without the appropriate authority from the National Archives of the Philippines.

This means that any records that are deemed to be of historical, legal, or cultural value must be preserved, even if they are no longer needed for day-to-day operations. Disposing of such records without the proper authorization would be a violation of policy and could have serious consequences.

In summary, the office will be diligent in their efforts to manage their records, identifying and disposing of valueless records on a regular basis, but ensuring that any records of public importance are properly retained and preserved in

accordance with the policies and procedures established by the National Archives of the Philippines.

## **DISPOSAL PROCEDURES FOR HEALTH RECORDS**

- 1. Document Controller from HIMD conducts an inventory of record holdings and initiates on the disposal of valueless records based on the following:
  - General Records Disposition Schedule ( GRDS )
  - Agency's Records Disposition Schedule
  - Specific Rules and Laws
- 2. Culls out valueless records
- 3. Prepares request to dispose of records and forwards to the Document Controller
- 4. Document controller to examine and check request and recommend for approval to MCC
- 5. MCC approves and signs request
- 6. DC submits request to NAP
- 7. NAP receives, evaluates and examines list of records requested for disposal
- 8. NAP approves the submitted request for authority to dispose with analysis report and recommended manner for disposal and assigns a representative to evaluate and examine records for disposal.
- 10. Actual disposal depending on the manner prescribed by NAP
- 11 . Issues OR to Official Buyer
- 12. Signs certificate of Disposal and Provides copy to concerned offices
- 13. Files copy of the Certificate of Disposal from NAP.

## STEPS IN PREPARING FOR RDS

Document Controller shall prepare a communication letter to the Head of Office for the activity.

3. All officials and heads shall be informed about the planned activity and its purpose thru a Memorandum.

4. Records Inventory - the process of listing record holdings in an agency usually done by records series indicating its specific location, including dates and volume.( Use NAP Form No. 1)

### **Disposal Of Damaged Public Records That Have Not Yet Passed Their Prescribed Retention Periods**

Disposal Of Damaged Public Records That Have Not Yet Passed Their Prescribed Retention Periods shall be considered for authorized disposal only upon submission of the following requirements:

- 1. Official report pertaining to the non-usability and extent of damage done to the records and photo documentation
- 2. Request for authority to dispose of records ( NAP Form No. 3) in three Copies

### **OFFENSES**

- A person who, willfully or negligently damages a public record or disposes or disposes of or destroys a public record in violation of the provisions of RA 9470 and its IRR or contravenes or fails to comply with any provisions of the said act and its IRR shall be deemed to have committed an offense.

### **PENALTIES**

Any officer committing any of the unlawful acts of omissions mandated under RA 9470 shall be punished by a fine of not less

than five hundred thousand pesos ( P500.00) but not exceeding one million pesos ( P1,000.000.00 ) or be imprisoned for not less than five(5) years but not more than fifteen year (15) or vice versa or both.

## **I. GENERAL POLICY AND PROCEDURES**

Medical records should be kept by the Health facility as long as required. Before determining a retention policy, the facility should review the record usage after discharge.

A. Culling medical records that have NOT been used for at least 5 years from the active file room. The aim of culling is to remove INACTIVE medical records from file to make more filing space.

B. The Culled records can then be stored in secondary storage or destroyed.

C. Whenever a medical record has been sent. The tracer should have the following:

- a. The patient's name and date of birth
- b. Admission and discharge dates
- c. Name of attending doctor
- d. Diseases treated and operations performed; and
- e. A discharge summary for each admission if more than one.

D. Medical records are considered the property of the health facility and are compiled, and kept primarily for the benefit of the patient. All personal data contained in the medical record is considered a confidential communication and the property of the patient information cannot be released without the consent of the patient except for the following:

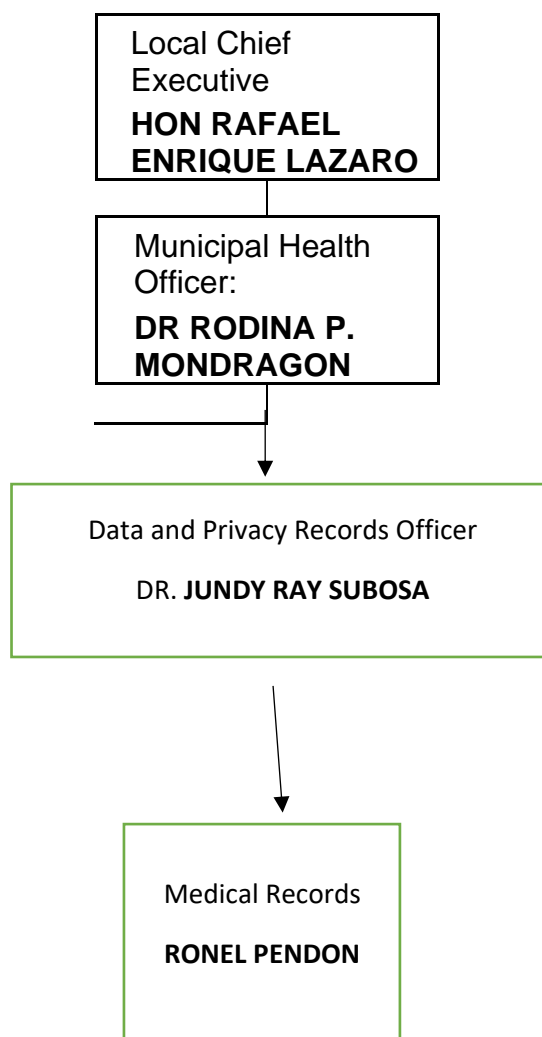
- a. By doctors and other health professionals for the continuing care of the patient
- b. For medical research where the patient is not identified; and
- c. For the collection of the health care statistics when the individual patient not identified.

E. Before archiving/destruction of records, it should be reviewed first.

- a. Records may be destroyed 15 years after last attendance in the hospital
- b. For Deceased Patients, may be destroyed 10 years after the date of death
- c. Obstetric Care, 25 years after last delivery, or 15 years since last attendance

F. All medical records, except for medico- legal cases, stored in the secondary for more than 15 years should be sent to the National archive. A letter of request is forwarded to the National Archive for the disposal of the medical records. In cases where in medical records are destroyed due to natural causes, pest infestation, etc.

Figure 1. Organizational Set-up of RHU Records & Archives Office



## MANAGING RHU RECORDS

1. Establishment of RHU's Storage/Mini Archive
  - 1.1 The unit shall maintain and operate records storage/mini archives of ITR records for 5 years preparatory to their transfer to the Records Center or to Archives Repository until 10 years.

- 1.2 All non-current records unit shall transfer records to the Records and Archives Office for repository.

## 2. Records Creation

- 2.1 Each shall have an integrated program in the creation of necessary records and copies thereof, including reports, forms, and issuances of the absolute minimum in the most effective way consistent with efficiency and economy.
- 2.2 Each unit shall keep and preserve a logbook in which shall be recorded in chronological order all final official acts, decisions, transactions or contract pertaining to their functions. The logbook shall be in the custody of the Data Records Officer concerned and shall be opened to the public for inspection.

## 3. Records Maintenance and Control

### 3.1 Operations of Incoming and Outgoing Mails

- 3.1.1 The unit shall have a centralized receiving and releasing unit of all communications for proper recording and routing procedures under the accountability of the Administrative Records Officer.

### 3.2 File Classification Guide for Uniform Filing System

- 3.2.1 The unit shall develop a File Classification Guide or Scheme for a uniform filing system

## Retention Code

- 4.1. Retention Code shall be affected by the unit based on the GeneralRecords Disposition Schedule (GRDS).

## 4. Utilization of Filing Equipment and Floor Space

- 4.1 The unit shall set standards and criteria for the maximum utilization of filing equipment and floor space for maintaining and servicing files.

## 5. Personnel Security and Access to the File

- 5.1 The Records Officer/Custodian shall have the sole access to the office files and shall be responsible for the security of records at all time.

- 6.1. Confidential records shall be kept separately from the general files in secured file containers.

## 6. Servicing with the File

- Each unit shall adopt requisition and charge-out procedures in issuing files. A follow-up device shall be developed on charged out records.



## Records Disposition

### 1. Inventory and Appraisal of Records

Each unit shall prepare an inventory and appraisal of its records holding using the prescribed form as an initial step in developing the Records Disposition Schedule

### 2. General Records Disposition Schedule (GRDS)

2.1. The unit shall observe the enclosed GRDS in determining the disposal of its valueless records.

2.2. The unit shall not dispose of the valueless records earlier than the period indicated for each records series. However, records may be retained for longer periods if there is a need to do so.

### 3. Records Retention Schedule

3.1. The unit shall establish a Records Disposition Schedule

3.2. Any revision or change in the Schedule shall likewise be submitted for approval to the MHO as the need arises.

### 4. Turn-Over of Records to Successor

A person having custody of public records, at the expiration of his/her term of office or employment, shall deliver to his/her successor. Transfer and Storage of Non-Current/Inactive Records

Transfer of non-current/inactive records of the unit to the LGU Records Center Division shall be in accordance with the approved retention period and upon recommendation of the Records Management Analyst of LGU

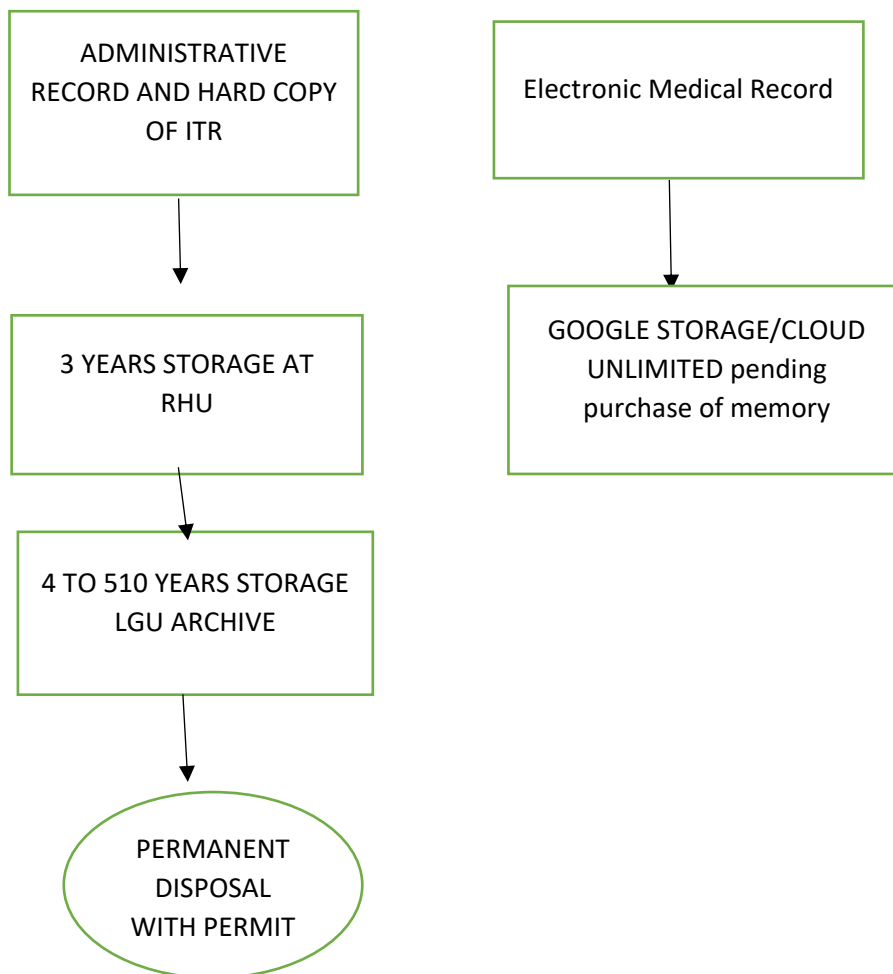
### 5. Authority to Transfer

Request for authority to transfer unit records shall be effected upon recommendation of the MHO

## Transparency of Transaction and Access to Information

The unit must institute adequate records management controls over the maintenance and use of their records wherever they are located to ensure that all records, regardless of format or medium, are organized, classified, and described to promote their accessibility

## PROCESS FLOW OF SCHEDULE OF RECORDS RETENTION AND DISPOSITION



## **INVENTORY OF RECORDS**

Pursuant to Article III, Section 15 of Republic Act 9470, the Records Officer/Custodian of ASCOT shall conduct an inventory of all Pototan Rural Health Unit and Birthing and Primary Health Care Facility records and shall be mandated to keep the following data in the respective registry:

- (a) All Pototan Rural Health Unit and Birthing and Primary Health Care Facility records under its custody
- (b) All records transferred to the POTOTAN RURAL HEALTH UNIT AND BIRTHING AND PRIMARY HEALTH CARE FACILITY
- (c) All records disposed of with authority (Section 18 and 19 of RA 9470)
- (d) Data of deferred transfer of records (Section 21 of RA 9470)
- (e) A public access register that contains information on:
  - (1) Restrictions on public access to Pototan Rural Health Unit and Birthing and Primary Health Care Facility records;
  - (2) Prohibitions imposed on public access to public archives or protected records under the control of the Executive Director;
  - (3) The grounds for the prohibitions and restrictions;
  - (4) The conditions agreed on as to public access for protected records transferred to the control of the Executive Director of POTOTAN RURAL HEALTH UNIT AND BIRTHING AND PRIMARY HEALTH CARE FACILITY.

The inventory of records will allow the POTOTAN RURAL HEALTH UNIT AND BIRTHING AND PRIMARY HEALTH CARE FACILITY to create a List of Record Series that will strengthen the present system of records keeping while promoting a meaningful awareness among stakeholders of the importance and relevance of records and archives as significant aspects of Philippines cultural heritage.

The inventory aims to assist researchers and other members of the public interested in specific records holdings of the Pototan Rural Health Unit and Birthing and Primary Health Care Facility. It shall promote the awareness that the Pototan Rural Health Unit and Birthing and Primary Health Care Facility must keep records

according to their prescribed disposition period and that the general public can access such records provided no restrictions have been included.

### Steps/Procedures in the Conduct of Inventory

1. The Records Officer/Custodian of the Pototan Rural Health Unit and Birthing and Primary Health Care Facility shall conduct the physical inventory of records. He/she shall:

Step 1. Identify all records by records series title or records series name including those records that cannot be classified/determined as official records whether located in the official file/repository or other storage areas.

Step 2. Identify the location of each record series including records not properly placed in the designated storage areas such as those located in the stairways, unused restrooms and vehicles, etc.

Step 3. Approximate the volume of each record by cubic meter.

Step 4. Fill up the National Inventory Form (see Appendix A). The following information are needed in filling-up the form:

- 1) Name of Office

The Pototan Rural Health Unit and Birthing and Primary Health Care Facility will be the office where inventory will be undertaken

- 2) Department/Division

The department/division of the Pototan Rural Health Unit and Birthing and Primary Health Care Facility

- 3) Section/Unit

The administrative or operating section/unit of the Pototan Rural Health Unit and Birthing and Primary Health Care Facility

- 4) Telephone Number

The contact number of the person/employee in-charge of files

- 5) E-mail Address

It must be the official electronic mail of the Pototan Rural Health Unit and Birthing and Primary Health Care Facility

## **BORROWING AND RETRIEVAL**

RHU Personnel responsible for a medical record(s) must either:-

A. Report any subsequent movement of the medical record(s) from their area or from their possession immediately to Health Information Services (HIS).

B Update the logbook or in the future a computerized medical record tracking system for subsequent movement of the medical record(s) from their area or from their possession.

C. Access to the computerized medical record tracking system can be arranged through HIS personnel assigned.

## **MISSING MEDICAL RECORD**

A “missing” medical record is defined as any medical record that cannot be located by the date and time that it is required for direct or indirect patient care.

## **DAY ONLY LOAN PRIVILEGES**

A maximum of 5 medical records/document (current and previous volumes are counted separately) may be loaned from HIS between the hours of 8am – 5pm Monday to Friday (excluding Public Holidays). This is limited to staff whose role includes clinical research. Requests for “day only” loan privileges must be made directly to the Municipal Health Officer who reserves the right to accept or reject such applications.

## **ACCESS & RECORD TRACKING**

Only staff employed by Pototan Rural Health Unit and Birthing and Primary Care Facility are permitted to have access to medical records. The purposes of such access and any exceptions to this are in accordance with the Pototan Rural Health Unit and Birthing and Primary Care Facility Information Privacy Policy and Guideline and the Records Guideline.

Medical records that are released for patient attendance will be. At all times, such records are the responsibility of staff working within the area, but are ultimately the responsibility of the Birthing Manager Staff on Duty at OPD in charge of the area. If a record is in the possession of a department, clinic, or ward for longer than the time permitted, HIS staff have the right to retrieve the record.

- 1.1 Medical records that are released for purposes other than patient attendance will be tracked to the individual staff member. At all times, such records are the responsibility of the individual staff member.
- 1.2 Original patient records may only leave Pototan Rural

Health Unit and Birthing and Primary Care Facility  
under the following circumstances:

- (i) If they are required for court or are required by search warrant via the police. Only HIS or the PNP are authorized to make arrangements for patient records to be sent to court.
- (ii) If they are required for patient attendance at a satellite clinic or service. In such instances HIS must be given prior notice and the records are to be returned to the unit on the same or following day.

1.3 Prior to release of a medical record for purposes other than patient attendance, the following information will be recorded by HIS:-

- a. Staff member's name
- b. Staff members contact telephone number and/or pager number
- c. The purpose of the request (indirect patient care, clinical audit or another purpose)
- d. Precise location that record will be taken or within HIS if the record is to be viewed internally
- e. The date and time the record is required.

Contact: RODINA MONDRAGO Municipal Health Officer Pototan Rural Health Unit and Birthing Primary Care Facility
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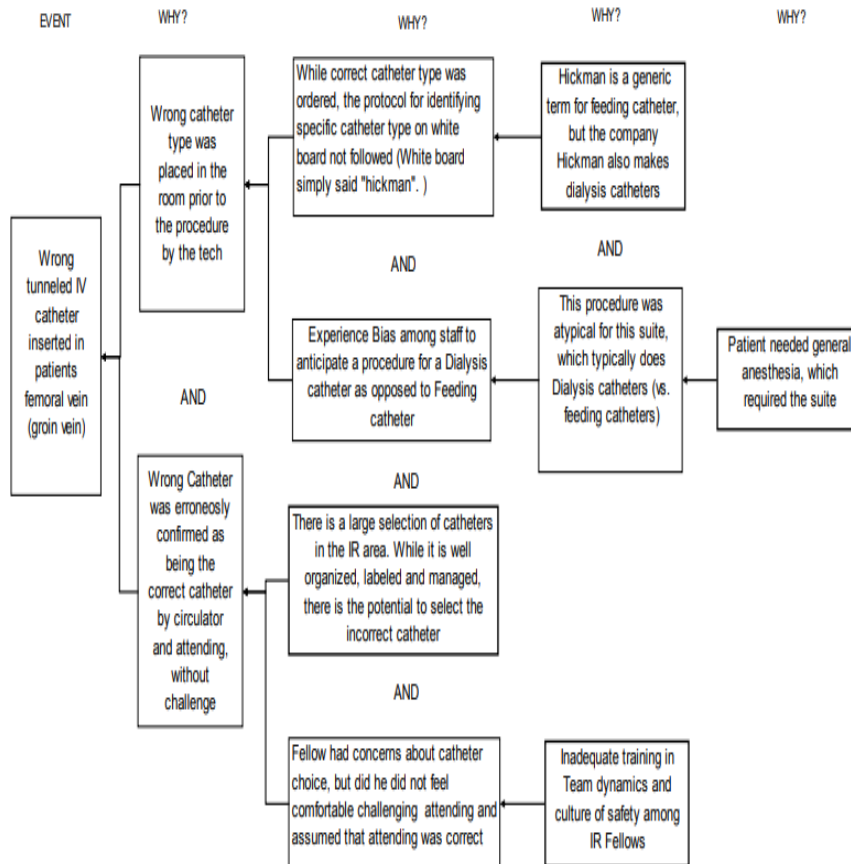
## VI

### SAFE PRACTICE AND ENVIRONMENT

#### INCIDENT RREVIEW POLICY-

- Adverse Event Identification and Review •  
 Structure of Safety PCF and Birthing Unit with that supports alignment to DOH  
 Hospital Department Memorandum
- Reporting System
  - Event Review
  - Global Trigger Tool

#### DOING CAUSAL MAPPING TO UNDERSTAND EVENTS example



## Communicating in the Aftermath of an Adverse Event

An **Adverse Event** is an injury that was caused by medical management rather than the patient's underlying disease. Not all adverse events are the result of medical error.

Adverse events **must be communicated** to patients/families when:

- You would want to know about the event, if it had happened to you or a relative.
- They may result in a change in treatment, now or in the future.

Communication should occur **as soon as possible** (within hours, not days)

**Near Misses** (errors that do not result in injury) although they don't usually require communication with the family, are still significant events and should be communicated to your supervisors.

**Notify the Attending** at the earliest opportunity whenever possible. The attending should lead the discussion.

### Experts are available for advice and assistance.

- Nursing – in the day notify the Unit's Nurse Manager, and during off Hours notify the Administrative Clinical Supervisor Page 92465.
- Other Resources available: Social Work, Risk Management, Administrator on call, Ethics Support Service.

## Preparing to Communicate with the Patient / Family

Involve the attending in planning, notification, and follow up.

Take a few moments to prepare yourself – **emotionally**.

**Review** what you will say with the attending.

Do not have this conversation **alone**: Include a **colleague** (other resident or fellow) or the primary nurse or senior nurse

## In the Meeting

Silence or sign out your beeper. Choose a **quiet private location** where everyone can sit.

Present **Just the facts** as they are known at this point in time. Do not go into details about **how** and **why** until the information is clearly known. Avoid medical jargon.

**Avoid speculation**, especially about causation.

For example "As best we know at the moment.."

- Show empathy and compassion for the patient / family member. Be human. Listen Actively. Allow for silence. Be sensitive to the family's readiness to talk.
- Recognize and acknowledge that a loss occurred. Do not blame "the system" or colleagues.

**Assure the patient / family** that the hospital:

- will continue to care for the patient
- is committed to discovering what happened
- will keep them informed as the understanding of the events become clear

If the patient / family ask about financial compensation, explain that you are not in a position to address those issues, but others who are will speak with them in the near future.

**Document** the facts as you know them and your conversation.

Sheila R. Barnett, MD Graduate Medical Education  
Kenneth Sands, MD Health Care Quality

## Supporting Staff

- "Just" Decision making...when to console, coach or discipline
- Peer Support Program
- 24/7 Coaching for Communication "3-HELP" pager
- Employee Wellness Goal



## **POLICY TITLE: HANDLING COMPLAINTS POLICIES AND PROCEDURES**

### **I. Purpose:**

This policy provides a framework for staffs of Pototan Rural Health Unit Birthing and Primary Care Facility who receive and/or address complaints from external clients. Its objectives are to ensure:

- A. Complaints are handled in a structured, timely and professional manner which is fair courteous and respectful of privacy.
- B. All staffs are aware of their responsibilities regarding handling complaints.
- C. Complaints are used to identify problems and to continuously improve the Services of the facility.

Pototan Rural Health Unit Birthing and Primary Care Facility values feedback, including complaints as a means of identifying problems and enabling improvements to systems and processes to improve its service. Effective complaint handling is an essential part of the facility's' approach to providing services that are responsive to needs and meet the expectations of clients.

### **II. Scope:**

- A. The policy applies to all divisions and authorities within the health facility. It applies to all regular, contractual, and deployed employees who may receive, manage and/or investigate complaints.
- B. The policy applies to complaints made by external clients. Other policies exist for managing concerns raised internally by the staff.
- C. Complaints dealt with under this policy do not include:
  - a. Representations which debate or challenge the substance of the department's policy, programs or regulatory powers.
  - b. complaints solely about the activities of third parties.

### **III. Policy:**

- A. Clients have a right to know they can complain and how to go about it. The health office will publish its complaints policy and will provide straight forward means for clients to raise concerns or to make a complaint related to the department's service delivery through evaluation tool. The institution is giving evaluation forms design for department for them to address their concerns.

- B. Staff receiving complaints will aim to resolve it at earliest opportunity. It is expected the majority of complaints will be addressed and resolve by frontline staff providing further information or explanation at the time the original dissatisfaction is raised. If the client is not satisfied with the initial response to the complainant, they will be given the option to progress the issue through the formal complaint handling process outlined in the departments complain handling procedure.
- C. Staff will treat all complaints fairly and impartially as is their obligation under the Code of Conduct.
- D. All complains will be acknowledge and complaints kept informed about.
- E. The progress of their matter particularly if delays occur.
- F. Complainants will not be subjected to any form of prejudice, lose service or be disadvantaged in any ways as a result of having complaint.
- G. Complaints will be treated within an appropriate level of confidentiality. Information about complaints will not be shared on a need - to - know basis, both within the agency and externally.
- H. Reasons will be provided for the decisions made in relation to complaints received.
- I. The departments expects the complainant to:
  - a. Clearly identify the issue of complaint, or ask for help from the departments staff to do this.
  - b. Give the department all the available information in support of the complaint in an organized format at the time of making the complaint and not provide any information that is intentionally misleading or knowingly wrong.
  - c. Cooperate with the departments inquires or investigations.
  - d. Treat the departments staff with courtesy and respect.
- J. If complainants do not meet these expectations, the department may set limits or conditions on the handling of their complaint. Any abuse harassment or threats to safety or welfare of staff will result in discontinuation of the complaint investigation and contact with the complainant will cease. Similarly, if it is found that the complainant has made a frivolous, trivial, knowingly false or vexatious compliant future contact with the complainant may cease.

#### **IV. PROCEDURES**

- . Complaints Handling

#### **V. ROLES AND RESPONSIBILTIES:**

- A. Staff:
  - Receiving feedback from clients and resolving complaints at the first contact whenever possible
- B. Immediate Supervisors

Ensuring complaints are thoroughly investigated and reported on, suitable recommendations are implemented and the complainant advised of outcomes providing support to staff members dealing with difficult clients.

C. Municipal Health Officer

- a. Overall responsibility for the operation and management of the complaints handling process, including setting standards and monitoring the consistency and effectiveness of how the process is applied and reviewing the outcomes.
- b. Responsible for the conduct of investigations concerning complaints referred by the administrator, including ensuring all aspects of the complaints are thoroughly examined and reported upon, suitable recommendations are auctioned and response issued to the complainant.

## VI. HOW TO MANAGE CLIENTS COMPLAINT:

The first step for any organization is to have documented customer complaint procedures. While the procedure itself can be quite simple, the benefits it will provide will be felt throughout the organization. A systematic accounting of each complaint along with response and reaction is essential to improving overall customer relations and customer retention.

**For customers**, a careful and consistent tracking of complaints and procedures shows a level of professionalism and conveys to clients that their complaints are taken seriously.

**For employees**, it provides a roadmap, a set of standard operating procedures and demonstrates management support for those on the frontlines. It also empowers to handle situation more confidently, efficiently and effectively.

**For management**, it identifies potentials weaknesses and more importantly opportunities for improvement.

## VII. COSTUMER COMPLAINTS PROCEDURE:

The general guidelines for any procedure dealing with customer complaints are as follows:

A. Make it easy for customers to be heard. Whether over the telephone or in person, make sure that customers can easily voice their complaints - without having to wait. Finding it difficult to contact the right person will only add to their frustrations and dissatisfaction.

B. Listen carefully to what the customer is expressing and give them (and their complaint) your undivided attention.

- a. Don't interrupt them (if the complaint is being given in person)
- b. Don't presume you understand their complaint before they've had a chance to fully explain their problem.

- c. Don't re-interpret their complaint based on what you think their problem is.
- d. Do not simply scan written communications-read every word of the letter to understand the issues from their perspective.
- D. Once they have expressed themselves, follow up by asking if there is anything else that needs to be addressed.
- E. Agree with the customer that a problem is real and relevant. Don't dismiss or disagree, and never argue.
- F. Apologize. Extend a perfect business apology. A full apology given at the right time can restore dignity, face and reputation, provide an acknowledgement that the recipient was indeed right, and assure the recipient that they are not at fault.
- G. Resolve the issue. Ensure that staff is empowered with the tools required to resolve the matter. Define clear written guidelines for compensation/ restitution as appropriate. It's important that staffs are able to quickly act on a complaint.
- H. Once the issue is resolved, ask the customer again whether there is anything else that needs to be discussed.
- I. Thank the customer for bringing the matter to attention, and for improving the quality of a product or service.

### Presence of Management Plan Policy and Procedure on Personnel and Patient Safety

- **Know the evacuation routes** not only from your home but from your work, children's schools and the places you visit frequently, and print out maps, since you can't rely on Google in a disaster.
- **Write down important phone numbers** and store them in your emergency kit. In addition to contacts of family and friends, note emergency contacts and the number for your embassy.
- **Prep a supply of water and nonperishable food** and be sure to check your earthquake kits for expiration dates annually.
- **A standard earthquake kit includes:** a flashlight, a portable radio, batteries, chargers, a can opener, a first-aid kit, blankets, rainwear .
- **Develop a safety mind-set.** For example, fill your car's gas tank when it gets half empty; and take note of evacuation signs, learn quake-related vocabulary.
- **Quake-proof your office.** Secure furniture (cabinets, bookshelves, etc.) and large electronics ( refrigerators, etc.) that could fall over during a quake.

During a quake

#### If you're inside:

- **Drop:** Lowering your point of gravity will help you stay steady during a tremor.
- **Cover:** Your head and neck are vulnerable to injury as objects may fall off shelves or from the ceiling. If you're outside in an urban area, be careful of broken glass, bricks or cement falling from buildings. Use your bag, a backpack or purse to protect your head and neck.

- **Hold:** Hold on to something to keep yourself in place in case there are violent tremors. Although most earthquakes last only 10 seconds, any one of them could be “the big one” that lasts for minutes and gets increasingly worse.

### After a quake

- If you’re trapped under rubble, cover your mouth. Bang rhythmically on a pipe or wall, or send a text for help instead of shouting. You’ll conserve energy and oxygen.
- Be creative with communications. If phone lines are down, try other applications or texting services. Kept in touch with family and friends via FB ,Twitter, for example.
- When evacuating buildings, don’t use the elevators, even if it seems like the shaking has stopped. Keep in mind the likelihood of aftershocks and use the stairs.
- Turn off your gas immediately (and be careful about flames from lighters until you confirm there hasn’t been a gas leak). If you need to evacuate your home, turn off your circuit breaker.

### Earth Quake Drill Done Quarterly







## **POLICY ON BUILDING MAINTENANCE**

Building maintenance policy is a **written document, and provides a management framework to the maintenance personnel to determine appropriate maintenance strategy and standard**

In general, maintenance means to hold, keep, sustain or preserve the building or structure to an acceptable standard, in which acceptable standard is defined as one which sustains the utility and value of the facility. While maintenance management should properly be regarded as describing how a system of maintenance effort could be organized to deal with the problems of building maintenance as a whole (B. Hamilton, M. Wan Salleh, 2001).

### **POLICY TITLE:**

**Policies And Procedure For The Proper Maintenance And Monitoring Of Physical Facilities**

### **I. POLICY DESCRIPTION**

A. Pototan Rural Health Unit Birthing and Primary Care Facility is constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

B. The condition of the physical and the overall health facility environment was developed and maintained in such a manner that the safety and well-being of patients are ensured.

## **II. Guidelines:**

### **PHYSICAL ENVIRONMENT AND BUILDINGS**

- A. The Municipal Health Office ensures that the condition of the physical and overall hospital environment is developed and maintained in a manner to ensure the safety and well-being of patients. This includes ensuring that routine and preventive maintenance and testing activities are performed as necessary, in accordance with laws, regulations and guidelines and manufacturer's recommendations, by establishing maintenance schedules and conducting ongoing maintenance inspection to identify areas or equipment in need of repair.
- B. Assuring the safety and well-being of patients would include developing and implementing appropriate emergency preparedness plans and capabilities. The health facility develops and implements a comprehensive plan to ensure that the safety and well-being of patients are assured during emergency situations. It coordinate with federal state, and local emergency preparedness and health authorities to identify likely risks for their area (e.g., natural disasters, bioterrorism threats, disruption of utilities such as water, sewer, electrical communications, fuel; nuclear accidents, industrial accidents, and other likely mass casualties, etc.) and develop appropriate responses that will assure the safety and well-being of patients. The following issue was being considered when developing the comprehensive emergency plan(s):
- a. The differing needs of each location where other facility operates;
  - b. The special needs of patient populations treated at the hospital (e.g., patients with psychiatric diagnosis, patients on special diets, newborns, etc.)
  - c. Security of patients and walk- in patients.
  - d. Verify that all medical devices and equipment are routinely checked.
  - e. Review maintenance logs for significant medical equipment.
  - f. There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.

### **VENTILATION**

- A. There must be proper ventilation in at least the following areas:
- a. Locations where oxygen is transferred from one container to another.
  - b. Isolation rooms and reverse isolation rooms (both must be in compliance with state laws, regulations, and guidelines).



- c. Pharmaceutical preparation areas (hoods, cabinets, etc.); and
- d. Laboratory locations.

## **LIGHTING**

- A. There must be adequate lighting in all the patient care areas, and food and medication preparation areas.
- B. Temperature, humidity and airflow in the operating rooms must be maintained within acceptable standards to inhibit bacterial growth and prevent infection, and promote patient comfort. Excessive humidity in the operating room is conducive to bacterial growth and compromises the integrity of wrapped sterile instruments and supplies. Each operating room should have separate temperature control.
- C. The health facility must ensure that an appropriate number of refrigerators and/or heating devices are provided and ensure that food and pharmaceuticals are stored properly and in accordance with nationally accepted guidelines (food) and manufacturer's recommendations (pharmaceuticals).

## **FACILITIES, SUPPLIES, AND EQUIPMENT MUST BE MAINTAINED TO ENSURE AN ACCEPTABLE LEVEL OF SAFETY AND QUALITY.**

- A. Facilities must be maintained to ensure an acceptable level of safety and quality.
- B. Supplies must be maintained to ensure an acceptable level of safety and quality.
  - a. This would include that supplies are stored in such a manner to ensure the safety of the stored supplies (protection against theft or damage, contamination, or deterioration), as well as, that the storage practices do not violate fire codes or otherwise endanger patients (storage of flammables, blocking passageways, storage of contaminated or dangerous materials, safe storage practices for poison, etc.
  - b. Additionally, "supplies must be maintained to ensure an acceptable level of safety" would include that the hospital identifies the supplies it needs to meet its patients' needs for both day-to-day operations and those supplies that are likely to be needed in likely emergency situations such as mass casualty events resulting from natural disasters, mass trauma, disease outbreaks, etc.; and that the hospital makes adequate provisions to ensure the availability of those supplies when needed.
- C. Equipment must be maintained to ensure an acceptable level of safety and quality.
- D. There must be a regular periodical maintenance and testing program for medical devices and equipment. A qualified individual such as a clinical or biomedical engineer, or other qualified maintenance person must monitor, test, calibrate and maintain the equipment periodically in accordance with the manufacturer's recommendation and federal and state laws and regulations.

Equipment maintenance may be conducted using hospital staff, contracts, or through a combination of hospital staff and contracted services.

- E. Equipment must be maintained to ensure an acceptable level of safety, it would include that the health facility identifies the equipment it needs to meet its patients' needs for both day-to-day operations and equipment that is likely to be needed in likely emergency/disaster situation such as mass casualty events resulting from natural disasters, mass trauma, disease outbreaks, internal disasters, etc.; and that the hospital makes adequate provisions to ensure the availability of that equipment when needed.

### **LIFE SAFETY FROM FIRE**

- A. Pototan Rural Health Unit and Birthing and Primary Health Care Facility comply with the healthcare Life Safety Code requirements for all inpatient care locations. Hospital departments and location such as emergency departments, outpatient care locations, etc. Comply with hospital/healthcare Life Safety Code.
- B. It has procedure for the proper routine storage and prompt disposal of trash.
- C. It has written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with firefighting authorities.
- D. It maintains written evidence of regular inspection and approval by State or local fire control agencies.

### **FACILITIES**

- A. The hospital maintain adequate facilities for its services.
- B. Adequate Facilities means the hospital has facilitates that are;
  - a. Designed and maintained in accordance with Federal, State and local laws, regulations and guidelines; and
  - b. Designed and maintained to reflect the scope and complexity of the services it offers in accordance with accepted standards of practice.
- C. Observe the facility layout and determine in accordance with Federal State and local laws, regulations and guidelines; and
- D. Review the facility's water supply and distribution system to ensure that the water quality is acceptable for its intended use (drinking water, irrigation water, lab water, etc.). Review the facility water quality monitoring and, as appropriate, treatment system.

### **DIAGNOSTIC AND THERAPEUTIC FACILITIES MUST BE LOCATED FOR THE SAFETY OF PATIENTS**

- A. Diagnostic and therapeutic facilities must be in rooms or areas specifically designed for the purpose intended.

- B. Determine that services are provided in areas appropriate for the service provided.
- C. Verify that the facility is in compliance with ventilation requirement for patients with contagious airborne disease, such as tuberculosis, patients receiving treatments with hazardous chemical, surgical areas, and other areas where hazardous materials are stored.
- D. Verify that food products are stored under appropriate conditions (e.g., time, temperature, packaging, location) based on a nationally- accepted sources such as nationally-recognized standard
- E. Verify that pharmaceuticals are stored at temperature recommended by the product manufacturer.
- F. Review temperature and humidity tracking log(s) to ensure that appropriate temperature and humidity levels are maintained.

## **SAFETY PROGRAM on EMERGENCY and DISASTER PREPAREDNESS**

During emergencies or disasters, the Pototan Rural Health Unit must remain safe, accessible at maximum capacity in order to help save lives.

It must at all times ready in providing critical service such as medical and nursing care, laboratory and other health care services as well as respond to increased requirements related to the emergency.

Making our hospital safe involves knowledge of the many factors that contribute during emergency or disaster and the ability of the hospital to withstand adverse natural events.

### **I. FIRE PREVENTION AND RESPONSE**

- All employees and contract staff is included in drills/exercise: must be well oriented and participate during demonstration and on how to operate a fire extinguisher.
- Fire alarm, must be in good working order.
- All exit routes have emergency lighting and signs posting the direction to the exit.
- BFP Hotline must be posted to corridors to every department.

## **II. FOOD SERVICE**

- The Dietary Section must have adequate food on hand for staff and patients for a 3-4 day period.

Food service is included in facility's emergency exercise.

Security of food products is maintained at all times during emergency & disaster.

## **III. EMERGENCY POWER**

- Emergency power is adequate to provide for all essential service for three days.

- There should also be reliable alternative source of power for emergency lighting and operation of essential equipment in the event of power failures.

Emergency lights should be available for use between the interruption of the power supply and connection to a generator to light important areas inside the hospital such as, hallways, the operating room, emergency room, nurse's station and cashier area.

## **IV. DRUGS, MEDICINES and MEDICAL SUPPLIES**

- Facility maintain adequate blood bank facilities, with particular attention paid to correct storage and handling of blood and blood products

## **V. BLOOD BANK/STORAGE SERVICE**

- Every health facility at the first referral level should maintain adequate blood bank facilities, with particular attention paid to correct storage and handling of blood and blood products.

- if a blood bank is not feasible, possible sources of blood products should be identified and a system arranged for quick procurement in emergencies.

## **VI. WATER SUPPLY**

- Water supply should be safe and potable and there should be a reliable alternate source of water such as manual pump well, or maybe a local fire storage or storage tanks. This is because of the daily water consumption.

## **VII. MEDICAL OXYGENS**

- The facility sustains medical oxygen to last 3-4 days.

- A utility jeep makes daily routine to check empty oxygen tanks at the hospital to transport to the supplier for refill.
- a back- up vendor has been identified if primary vendor is unavailable.
- The medical gas supply is vital for the survival of some patients in the facility but is also a source of danger if not properly maintained.
- The tanks or medical gas pipes must be inspected regularly by Nursing Attendants to ensure that they are still in good condition.
- Medical oxygen tanks must be in a secured area and there should be safety valves installed to prevent leaks.

### **VIII. TRANSPORTATION and FUEL**

- The hospital ambulance must always be in good running condition at any time to refer patients incases of referrals.
- A sufficient fuel must be sustained for 3 days of continuous, full- load demand before replenishment is needed.

### **IX. WASTE DISPOSAL**

Facility has procedures for management of increased volume and disposal of contaminated wastes, goods, and fluids.

### **X. DRILLS AND EXERCISES**

- A fire drill will be conducted once a year shall take place on all shifts, on all units and include all facility departments.
- All employees and Contract staff is included in drills/ exercises; must be well oriented and participate during demonstration and on how to operate a fire extinguisher.
- Fire alarm, must be ion good working order.

### **XI. SIGNAGES**

- Presence of signage inside the hospital that should indicate the location of escape routes and firefighting equipment. This is to prevent confusion and panic during an emergency which subsequently may cause stampedes or trapping of individual in enclosed spaces.

## **XII. COMMUNICATION**

- Communication is vital to the success of all coordination efforts. A public information center should be established where the public can go to request information concerning family members.
- The center should be coordinated by social worker and staffed by the hospital personnel or volunteer

## **XIII. COMMITTEE ON EMERGENCY AND DISASTER**

The basic prerequisite for personnel on this team is that they must be properly trained in first aid and that they have the necessary means to move immediately to the disaster scene. Other important training includes basic life support, advanced cardiac life support and familiarity with the incident.

### **HOSPITAL COMMITTEE ON EMERGENCY AND DISASTER (TRAINED IN BASIC LIFE SUPPORT)**

### **Safety Program on Maintenance**

Helps provide maintenance service towards the delivery of quality healthcare and public service.

It serves as a direct resource to the Hospital in providing a safe, functional, supportive, and effective environment for patients, staff, and personnel, and visitors and clients, who come to our hospital facilities.

Equipment must be maintained to ensure an acceptable level of safety and quality.

#### **Equipment includes:**

##### **I. Facility Equipment**

- generators
- ambulance
- IT software

##### **II. Office Equipment**

- refrigerators
- aircondition
- ventilations

##### **III. Medical Equipment**

- laboratory equipment
- dental equipment
- patient beds
- stretchers
- dental equipment
- operating room equipment
- delivery room equipment
- autoclave
- ecg machine
- suction machine

In order to ensure an acceptable level of health and safety; the hospital identifies the equipment it needs to meet its patient's needs for both-to-day operations and in a likely emergency/ disaster situation, such as mass casualty events resulting from natural disaster, disease outbreaks, internal disasters, etc.

In addition, the hospital must make adequate provisions to ensure the availability and reliability of its equipment needed for its operations and services.

All equipment must be tested for performance and safety before initial use and after major repairs or upgrades. Equipment maintenance activities may be conducted using hospital personnel, contracts, or through a combination of hospital personnel and contracted services.

Corrective & Preventive Maintenance record is being maintained by the respective section heads under the custody of the equipment for an immediate supervision and recommendation & report for repair in case for some breakdown of their equipment.

Minor repairs of the hospital equipment shall be charged from the petty cash fund while funding for major repairs & maintenance shall be process for the approval of the authorities from the Provincial Government of Cagayan. It takes a lot of time to wait before repair of equipment shall be done.

## **Committee on Maintenance**

Traditionally, 5 types of maintenance have been identified:

### **1. Corrective Maintenance.**

Its purpose is to correct the defects to be found in the different equipment and that are communicated to the maintenance department by users of the same equipment.

### **2. Preventive Maintenance.**

Its mission is to maintain a level of certain service on equipment, programming the interventions of their vulnerabilities in the most convenient time. The equipment is inspected even if it has not given any symptoms of having a problem.

### **3. Predictive Maintenance.**

It pursues constantly know and report the status and operational capacity of the installations by knowing the values of certain variables, which represent such state and operational ability. To apply this maintenance, it is necessary to identify physical variables such as the temperature, vibration, power consumption and so on.

#### 4. Zero Hours Maintenance (Overhaul).

The goal is to review the equipment at scheduled intervals before appearing any failure, either when the reliability of the equipment has decreased considerably so it is risky to make forecasts of production capacity.

#### 5. Periodic Maintenance (Time Based Maintenance).

The basic maintenance of equipment made by the users of it. It consists of a series of elementary tasks such as data collections, visual inspection, cleaning, lubrication and retightening screws for which no extensive training is necessary, but perhaps only brief training.

### Routine Care & Maintenance

There are no set frequencies for maintenance inspections. However electrical equipment should be inspected according to the manufacturer's guidelines and in line with guarantees or statutory requirements.

The following general guidelines can be used as a rule of thumb:

<b>Weekly</b>	Inspect critical equipment
<b>Three-monthly</b>	Clean/change ventilation filters, inspect floors, steps and external surfaces and walkways
<b>Six-monthly</b>	Inspect firefighting equipment, gullies, drainage channels and gutters
<b>Yearly</b>	Inspect and service gas appliances , door closers and roof tanks, survey fire retardant in ceiling
<b>Two-yearly</b>	Inspect lighting and renew lamps
<b>Three-yearly</b>	Internal repairs and repainting
<b>Five-yearly</b>	Test electrical distribution

Since there are tasks that need to be completed on a more and on a less frequent basis, it is recommended for a building to create a daily facility maintenance checklist and a monthly facility maintenance checklist.

### Facility Maintenance Checklist

#### Roof

Any buildings maintenance schedule should include a rolling programmed of redecoration and improvements to ensure that the building presents a safe, clean, comfortable and pleasant environment at all times. A roof system is arguably the most vulnerable part of a building's exterior. Roof maintenance is critical to preventing roof problems and keeping the roof in a watertight condition. Early identification and repair of roof problems will help provide a long-lasting roof system.



## External Wall

Allowing the external envelope of a building to deteriorate will not only give a very negative visual impression but also create an environment for materials/components to deteriorate and decay. Exterior walls (including doors and windows) should be carefully inspected at least once a year. Exterior walls and masonry workwear out as time goes by and should be checked at least monthly, if not more often in detail, and daily for any visible cracks or demolished areas. Building arches, eaves and canopies should be inspected carefully as they tend to ruin more often.

## Windows & Doors, Gates and Other Openings

Proper maintenance of your windows and doors start with cleaning. Afterwards, check if there are any cracks or gaps. Studies show that openings and cracks around your windows and doors can account for up to 10% of your heating bills. Caulk and seal any gaps you find. Depending on the materials from which they are built such, doors and windows have various durability and should not be replaced often. But small parts, such as hinges, locks, and handles can break faster and thus prevent proper door functioning.

## Stairs & Floors

Mop the entrance and vestibule daily. Sweep the stairs and halls daily. Mop stairs and halls at least twice a week. A stone floor in the public lobby of an office building should state that the floor will be inspected at the beginning of each shift and again each hour. Any spills discovered should be immediately cordoned off to block pedestrian access. The building's janitorial provider or in-house cleaner must prevent items from being left on the floor that might present a slip-and-fall or trip-and-fall hazard.

## Lighting

Although lighting has its own voice to tell when it doesn't work, a facility manager mustn't wait for defects to act. Periodical check-ups of the lighting system must be part of the facility management checklist, and the power supply must be inspected on a daily basis.

## Plumbing

[Plumbing defects](#) are not so easy to notice until they occur, but if you own a checklist template with equipment replacement guidelines, for instance, when to replace a valve, you can avoid major issues. Irrigation system maintenance is sometimes done as part of plumbing activities, but it can also include additional checkups done by specialists.

## Fire Equipment

Checking [fire safety equipment](#) is a law requirement, and if you don't make it a part of the facility maintenance checklist, you can not only bring your facility to risk but also face fines and penalties. Depending on where you are located, fire extinguishers must be serviced at least once a year, while the door and crawl spaces should be inspected more often. If you have a sprinkler system installed, it should also undergo preventative maintenance together with the rest of the equipment.

## Cooling

The HVAC system requires cleaning and regular maintenance as, although it won't automatically break your business, it is one of the most common complaints by staff, majorly affecting staff morale.

## Access Control

Specific elements of the access control system can be integrated with other aspects of the facility, thus causing confusion about when and how each of them needs to be inspected. For instance, fire alarms can activate sprinklers while disabling some access doors. Video cameras can operate in several modes for monitoring, as well as for safety purposes. The Wi-Fi network can be combined. Therefore, it's good to have each of these aspects in a separate box on your daily and monthly facility inspection checklists in order to be able to do them without worrying you've missed an important aspect.

## Getting Urgent Repairs Done

A maintenance system should form part of a fault reporting and tracking system whereby faults or potential problem areas are logged and followed up until they are recorded as fixed. Faults or problems should first be subjected to a risk assessment by a competent member of staff and the urgency or seriousness of the repair recorded and communicated to appropriate maintenance staff or contractors. Building managers should then check that any necessary work has been completed satisfactorily.

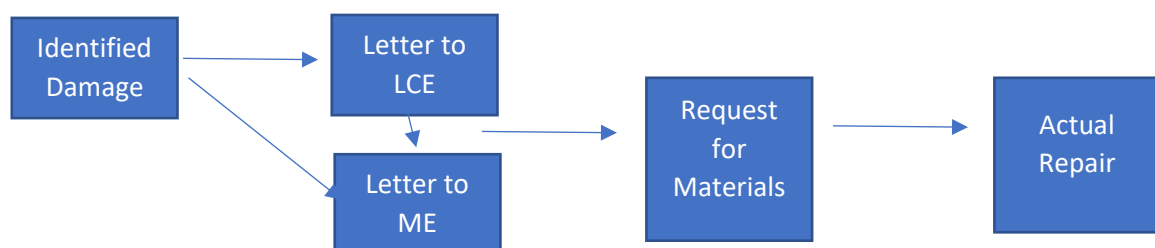
Urgent repairs mean any work needed to repair any of the following:

- a failure or breakdown of the gas, electricity or water supply
- a failure or breakdown of any essential service for hot water, cooking, heating, cooling or laundering
- any fault or damage that makes the premises unsafe or insecure
- serious damage from a natural disaster.

Examples of damage include:

- a burst water
- an appliance or fixture (such as a tap) that is not working or broken and is causing a substantial waste of water
- a blocked or broken toilet
- a serious roof leaks
- a gas leaks
- a dangerous electrical fault
- flooding or serious flood damage
- serious storm or fire damage

## Process Flow of Repair



## Security Arrangement in the Organization to Assure Protection of Patient and Personnel

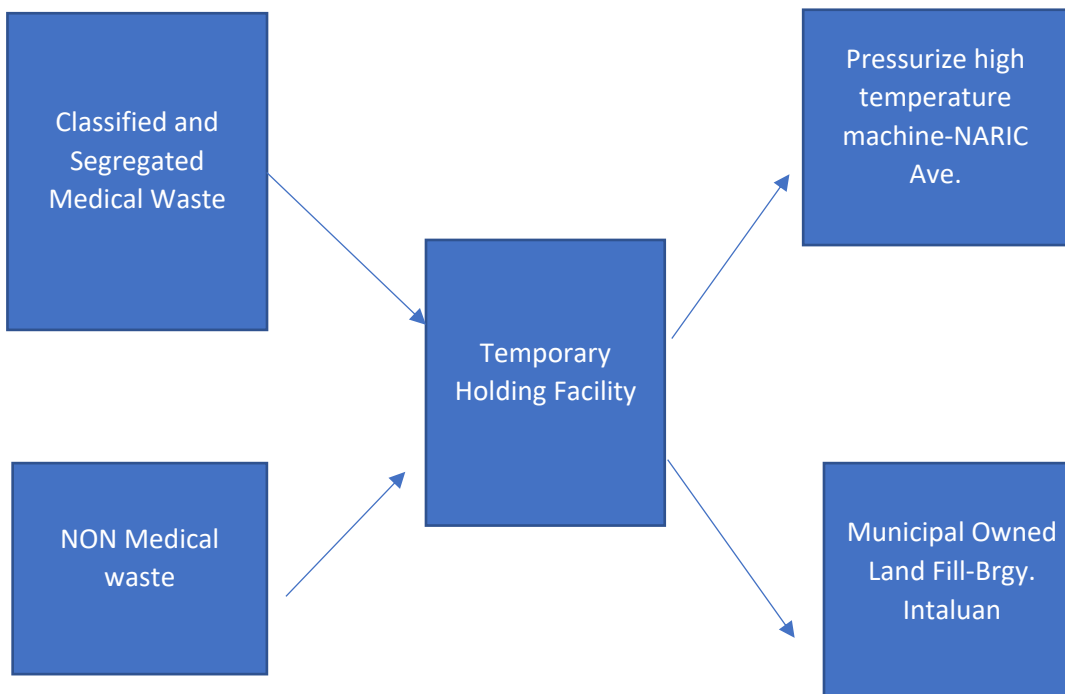
### In Charge of Facility Security

Monday to Friday

6am-6 pm-NILO SARANILLO (utility)

6:01 pm to 6:00 am the following day to include Saturday and Sunday - ON Duty personnel at birthing are

### Handling, Collection and Disposal



Collection Time- Daily at 6 am

## Infection Control, Prevention and Treatment of Needle Stick Injury

### I.GENERAL INFECTION CONTROL

#### 1. POLICY AND OBJECTIVE

This regulation requires the facility to develop, implement and maintain an infections control program for the prevention, control, and investigation of infections (which includes, but is not limited to nosocomial infections) and communicable disease of patients and personnel; (which includes, but it not limited to patient care staff).

The Pototan Rural Health Unit and Birthing and Primary Care Facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections or communicable disease in the Pototan Rural Health Unit and Birthing and Primary Care Facility. There must be a mechanism to evaluate the effectiveness of the problem(s) and take corrective action when necessary. The program must include implementation of nationally recognized system of infection control guidelines to avoid source and transmission of infection and communicable disease

The active infection control program should have policies that address the following:

- a. Definition of nosocomial infections and communicable diseases:
- b. Measures for identifying, investigating, and reporting, investigating, and reporting infection and communicable diseases;
- c. Promptly identify people with TB symptoms and other infectious diseases who have who comes into Rural Health Unit
- d. Physically separate infections and potentially infection individuals from others.
- e. Enforce patients, staffs, and visitors compliance with respiratory hygiene practice.
- f. Reduce the risk of exposure to other patients and staff by minimizing the time diagnosed patients and symptomatic are within the health center.
- g. Prevents staff from acquiring and developing and support those who have contracted in compliance with national guidelines and national employee health regulations.
- h. Ensure that building design and use are appropriate for the buildings intended use and ease of operation.
- i. Ensure sufficient air exchange and control airflow direction.

## 2. APPLICABILITY

Pototan Rural Health Unit and Birthing and Primary Care Facility	Triage	Separation	Cough etiquette	Minimize time	TB screening	National ventilation	Mixed-mode ventilation	Mechanical Ventilation	Respirators
Waiting area	X	X	X	X	X	X	X		
Consultation rooms			X	X	X	X	X		
Collection area/ Smearing area		X				X			

Microscopy laboratory			X	X	X	X	X		
Counseling/ Treatment room		X	X			X	X		

### 3. PROCEDURES:

#### a. **TRIAGE:** Admitting Nurse or midwife responsible

1. Place large notices at the entry way at eye- level, stating that one must immediately inform staff of current cough lasting for two weeks more.
2. Display notices explaining that the facility prioritizes patient with current cough that lasted for two weeks or more over others in waiting queue and makes use of designated separate waiting areas if possible.
3. Undertake screening of persons with cough as they enter the health center and before they have joined the queue or have had a seat with others.

#### b. **SEPARATION:** Admitting nurse or midwife responsible

1. Separate Presumptive TB and diagnosed infectious TB patient in a designated partition of the general waiting area near open windows.
2. Separate diagnosed MDR – TB patients from other patients by giving them a specific time slot for visiting the health facility;.

#### c. **COUGH ETIQUETTE:** Barangay Health Worker responsible

1. Place posters on cough etiquette at the general waiting area and DOTS consultation room, where patients cannot miss to see them (directly in front of them at eye- level and not on back wall).
2. Provide daily health education on cough etiquette(ex. Cover mouth and nose when coughing or sneezing; turn head away from others; do not spit on the floor) as part of one – on – one counseling or as part of pre- clinic lectures.
3. Remind non – adhering persons to comply with the respiratory hygiene policy of rural health unit.
4. If available, provide disposable surgical masks to all confirmed infectious TB patients and Presumptive TB, if not available, make use of personal handkerchief or paper tissues.
5. Instruct them to discard disposable surgical masks and paper tissues in a plastic bag and then in a waste bin.

#### d. **MINIMIZING TIME SPENT IN THE HEALTH CENTER:** Entire Team Responsible

4. Manage patient flow. Move presumptive TB to the front of the waiting area waiting area to be seen with priority.
5. Document in the patient's chart the date 1) Laboratory tests were completed; 2) the patient received results and Medications; ideally, the turn – around time for sputum examination is 3 days; ideally, the patient is started on treatment within 1 day.
6. Evaluate (delays in) 1) the minimum/ maximum and average time for diagnosis, and 2) between diagnosis and initiation of treatment; (evaluate these monthly).

**e. TB SCREENING OF STAFF:** Entire team responsible

1. Be aware of the occupation risk to acquire TB
2. Be familiar with the TB IC Policy and procedure of the facility and the Magna Carta of public health workers (Rep. Act No. 7305) and other relevant employee.
3. Health regulations including TB screening to ensure that the workplace practice conforms to these national and institutional rules and regulation. Have one copy of the RA No. 7305 available at the center appended to this policy.
4. Be alert to signs and symptoms of TB and seek care promptly in case of signs and symptoms (Presumptive TB screening ex. Sputum examination)
5. Be examined at least annually (periodic TB screening ex. Chest x – ray)

**f. NATURAL VENTILATION:** LGU and RHU responsible

1. Create a designated waiting bay for TB symptomatic/ presumptive TB and TB patients.
2. Ensure that doors and windows on opposing walls are kept open during consultation hours in all consultation rooms.
3. Place furniture in consultation rooms such that staff- patient interactions occur with air flow passing between patient and staff, rather than from patient to staff. Sketch a floor plan for each room and display the (laminated) floor plans at the inside of the doors.
4. Construct and maintain outdoor sputum collection area to improve privacy without hampering ventilation.
5. Maintain moving parts of windows to allow for adequate air exchange.

**g. Mixed – mode Ventilation – LGU and RHU Responsible**

1. Install wall fans, stand fans or industrial fans in the waiting area behind the admitting nurse/midwife.
2. If appropriate, place electric fans in consultation rooms/ counseling room behind the staff to push air from the staff in the direction of the patients.
3. Assign a dedicated person or team to check and to service ventilation equipment on a regular schedule.

4. Administrative controls regarding the operation of the fans should be in place to guarantee a flawless functioning, keep a log to record the date, what was done (ex. Checking, cleaning, replacement of parts, repair) and when the equipment should be service again. Deficiencies must be repaired and replaced as soon as possible.

## **NEEDLE STICK INJURY**

### **A. POLICY AND OBJECTIVE**

In case where the health personnel accidentally pricked by unsterile needle, he/she is required to report it to the immediate supervisor or coordinators. The personnel will be referred to the municipal health officer for further assessment so that proper management will be initiated.

### **B. MANAGEMENT**

- a. Anti-tetanus serum injection for free.
- b. Free medicine as needed.
- c. Proper wound care

### **C. PROCEDURE**

- a. Proper disposal of sharps and needles.
  1. Never remove, recap, bend or break used needles.
  2. Never point the needle toward any body part.
  3. Deposit disposable needles in puncture resistant containers.
  4. Segregation of all waste is practice in the health facility. In each section, sharps and needles have their own containers. There is specific waste beam of sharps before they are dump.
  5. The collecting containers are made up of hard plastic galloons, which cannot be easily punctured by needle. At time, specific collecting box, hard box made up of thick paper boxes.

### **III. Universal Precaution**

1. Handwashing after any direct contact with patients.
2. Preventing two handed recapping needles.
3. Safe collection and disposal of needles and sharps, with required puncture and liquid proof safety boxes in each patient care area.
4. Wearing gloves for contact with body fluids, non-intact skin and mucous membranes.
5. Wearing appropriate personal protective equipment.
6. Covering all cuts and abrasion with a water proof dressing, if available.
7. Promptly and carefully cleaning up spills of blood and other body fluids.

8. Using safe system for health care waste management and disposal.

#### IV. RESPONSIBILITY

- a. All Staff
- b. Public Health Nurse
- c. Municipal Health Officer/ Municipal Coordinator.

**National Tuberculosis Program (NTP)** A national mandated public health program responsible for TB control providing TB diagnostic and treatment services thru its basic integrated health services referred to as DOTS (Directly Observed Treatment Short Course) facilities.

#### NATIONAL TUBERCULOSIS CONTROL PROGRAM

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##### POLICY TITLE:

CASE FINDING, CASE HOLDING, PREVENTION OF TUBERCULOSIS, RECORDING AND REPORTING, MANAGEMENT OF DRUGS AND DIAGNOSTIC SUPPLIES, REFERRAL SYSTEM AND INFECTION CONTROL

##### DEPARTMENT:

- Waiting Area
- Consultation Rooms
- TB Counseling and Treatment Room
- Sputum Collection Area
- Smearing Area
- Microscopy Laboratory

#### I. ROLES AND FUNCTIONS OF HEALTH WORKERS

Physician	<ul style="list-style-type: none"> <li>• Organize planning and evaluation of TB control activities in DOTS facilities.</li> <li>• Ensure all staff have been trained in TB DOTS</li> <li>• Supervise staff to ensure proper implementations of NTP policies and guidelines.</li> <li>• Ensure presumptive TB based on clinical and laboratory evidence.</li> <li>• Prescribe appropriate treatment.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Manage adverse reactions.</li> <li>• Provides continuous health education and counseling to all TB patients under treatment.</li> <li>• Refer TB patients to other health facilities as needed.</li> <li>• Encourage community and family support to TB control</li> <li>• Coordinate with local chief executives to ensure funds and personnel are available for program implementation.</li> <li>• Coordinate with other TB stakeholders to ensure that all detected TB cases are reported and services provided are within NTP policies and guidelines.</li> </ul>
Nurse	<ul style="list-style-type: none"> <li>• Manage the process of detecting TB cases in coordination with other staff.</li> <li>• Assist the physician in counseling and initiating treatment of TB patient.</li> <li>• Accomplish the NTP treatment card.</li> <li>• Agree with TB patient the mode of DOT including the treatment partner.</li> <li>• Supervise midwives to ensure proper implementation</li> <li>• Maintain and update the presumptive TB masterlist and TB register.</li> <li>• Facilitate requisition and distribution of anti-TB drugs, laboratory supplies and forms.</li> <li>• Maintain records and logistics and ensure proper storage of drugs.</li> <li>• Provide continuous health education to all patients.</li> <li>• Conduct training of all health workers and community volunteers.</li> <li>• Prepare, analyze and submit reports required by the health department.</li> </ul>
Midwife	<ul style="list-style-type: none"> <li>• Under the supervision of the nurse, do the following: <ul style="list-style-type: none"> <li>- Identify presumptive TB patients and ensure proper collection and transport of sputum specimen.</li> <li>- Refer all diagnosed TB patients to physician and nurse for clinical evaluation and initiation of treatment.</li> <li>- Maintain and update NTP treatment card.</li> </ul> </li> <li>• Implement DOT with treatment partner. <ul style="list-style-type: none"> <li>- Provide continuous health education to patient.</li> <li>- Supervise intake of anti-TB drugs.</li> <li>- Collect sputum for follow-up examination.</li> <li>- Report and retrieve defaulters within 2 days</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Refer patients with adverse reactions to physician for evaluation and management.</li> <li>- Supervise and mentor treatment partners.</li> </ul>
Medical Technologist	<ul style="list-style-type: none"> <li>• Do DSSM for diagnosis and follow up.</li> <li>• Refer for/Perform Xpert MTB//RIF examination as needed.</li> <li>• Inform the referring health worker or facility of the result of DSSM or Expert MTB/RIF.</li> <li>• Maintain and update the NTP laboratory register.</li> <li>• Prepare quarterly report on laboratory services and submit to the nurse or physician.</li> <li>• Do internal quality control within the laboratory.</li> <li>• Prepare and submit quarterly supplies requirement to the nurse.</li> <li>• Store sputum smears sampling of the provincial TB coordinators for blind rechecking.</li> <li>• Ensure that the microscope are properly maintained and functional.</li> </ul>
Barangay Health Workers/ Community Health Volunteers	<ul style="list-style-type: none"> <li>• Identify and refer presumptive TB to DOTS facility for sputum collection</li> <li>• Collect and ensure transport of sputum specimen.</li> <li>• Assist health staff in doing DOT in TB patient.</li> <li>• Keep and update the NTP ID cards.</li> <li>• Report and retrieve defaulters within two days.</li> <li>• Attend regular consultation with the health personnel, together with the patient and treatment partners.</li> <li>• Refer patient with adverse reaction to health personnel.</li> <li>• Provide health education to patient, family members and the community.</li> </ul>

## II. DEFINITION OF TERMS

1. **Active Case finding-** A health workers purposive effort to find TB cases in the community or among those who do not consult with personnel in a DOTS facility.
2. **Children-** Any person who is less than 15 years old.
3. **DOTS Facility-** A healthcare facility, whether public or private, that's provides TB-DOTS services in accordance with policies and guidelines of the National TB Control Program
4. **Intensified Case Finding-** Active case finding among individuals belonging to special or defined population.
5. **Passive Case Finding-** When symptomatic patients are screened for disease activity upon consultation at health facility.

6. **Presumptive Drug Resistant TB (DR-TB)**- Any person whether adult or child, who belongs to any of the DR-TB groups such as retreatment cases, new TB cases that are contacts of confirmed DR-TB cases, and people living with HIV.
7. **Presumptive TB**- a person whether adult or child with signs and/or symptoms suggestive of TB whether pulmonary or extra-pulmonary, or those with CXR findings suggestive of active TB.
8. **TB Disease**- A presumptive TB who are after clinical and diagnostic evaluation is confirmed.
9. **TB exposure**- A condition in which an individual is in close contact with an active adult TB case, but without any signs and symptoms of TB, with Negative TST reaction, and no radiologic and laboratory findings suggestive of TB.

### III. IMPLEMENTING POLICY

#### A. CASE FINDING

1. All passive and intensified case finding activities shall be implemented in the facility.
2. Intensified case finding shall be done among close contacts, high risk clinical groups and high risk populations. Priority close contacts investigation shall be among household members. If feasible, screen other contacts of bacteriologically confirmed TB cases, DR-TB patients and index childhood cases.
3. Direct Sputum Smear Microscopy (DSSM), whether by light or fluorescence microscopy shall be the primary diagnostic tool in NTP case finding. All presumptive TB who could expectorate- whether pulmonary or extra-pulmonary shall undergo DSSM prior to treatment initiation.  
All presumptive PTB should undergo DSSM unless this is not possible due to the following situations:
  - A. Mentally incapacitated as decided by specialist or medical institution.
  - B. Debilitated or bedridden.
  - C. Children unable to expectorate.
  - D. Patients unable to produce sputum despite sputum induction.
4. Two sputum specimens of good quality shall be collected, either as frontloading (i.e. spot-spot one hour apart) or spot-early morning specimens, based on patient's preference. The two specimens shall be collected at most within three days.
5. Available rapid diagnostic test shall be used for TB diagnosis among presumptive DR-TB, PLHIV with signs and symptoms of TB, smear

negative adults with CXR findings suggestive of TB, smear negative children and EPTB.

6. If Xpert MTB/RIF is inaccessible, smear-negative patients shall be evaluated by DOTS physician who shall decide using clinical criteria and best clinical judgment. If in doubt, the case may be referred to clinician/specialist.
7. Tuberculin skin test (TST) shall not be used as sole basis for TB diagnosis. It shall be used as a screening tool for children. A 10mm induration is considered a positive TST reaction. Only trained health worker shall do testing and reading.
8. Ensure one microscopy center shall cater to, utmost, 100,000 population.
9. The facility shall participate in External Quality Assessment (EQA) system of the NTP.
10. All presumptive DR-TB shall be referred to the nearest DOTS facility with PMDT services for screening or an Xpert MTB/RIF site for testing.
11. All PLHIV shall be screened for TB co-infection.

## **B. CASE HOLDING**

1. All diagnosed TB cases shall be provided with adequate appropriate anti-TB treatment regimen promptly.
2. Anti-TB treatment shall be done through patient centered, directly observed treatment (DOT) to foster adherence. DOT should be carried out in settings that are more accessible and acceptable to the patient. Exert all efforts to decentralize DR-TB patients as soon as possible to a treatment facility most accessible to the patient.
3. Anti-TB treatment regimen shall be based on anatomical site, bacteriologic status including drug resistance and history prior to treatment. Except in cases of adverse drug reactions and special circumstances requiring treatment modifications, TB treatment under the NTP shall conform to the standardized regimens. (*see Table No. 10, Recommended Treatment Regimen for adults and Children, MOP 5<sup>th</sup> edition p. 35*)
4. All treatment patients should be screened for MDR-TB before initiating Category II treatment regimen. Initiating Category II treatment regimen without MDR-TB screening can only be done in areas where access to PMDT services is not possible.
5. A patient's anti-TB regimen shall be comprised of at least four-line drugs. Fixed dose combination should be used- except in children unable to take tablet formulations.
6. The national and local government units shall ensure provision for drugs and supplies in the event of unforeseen supply interruptions to ensure the continuity of treatment within their areas of jurisdictions.

7. Quality of FDC must be ensured. FDC must be ordered from the source with a track record of producing FDC's according to WHO prescribed strength and standard of quality.
8. Out-patient shall be preferred mode of care. However, patients with life –threatening conditions shall be recommended for hospitalization.
9. A patient diagnosed during confinement in a hospital may start treatment using NTP drug supply upon the approval of the hospital TB team. Once discharged, the patients shall be referred by the hospital TB team to a DOTS facility for registration and continuation of the assigned standard treatment regimen.
10. Treatment response of the PTB patients shall be monitored through follow-up DSSM and clinical signs and symptoms. All adverse drug reaction (ADR's), whether minor or major, shall be reported using the official reporting form of the FDA.
11. Tracking mechanisms for patients lost to follow-up shall be put in place to ensure that patients who fail to follow-up as scheduled are immediately traced.
12. Appropriate infection control measures shall be observed at all times.
13. All registered TB patients Category A and B sites, shall be offered PICT.

Category A and B sites are areas for prioritization based on the number of reported cases, HIV prevalence, Most At Risk Appropriation (MARF) size, results of the Rapid Assessment of HIV vulnerability, presence of multiple risk as categorized by the Philippine National AIDS council.

14. All confirmed drug-resistant TB cases shall be offered PICT.

### **C. SELECTION OF TREATMENT PARTNERS**

1. DOT can be done in any accessible and convenient place for the patient (DOTS facility, treatment partners house, patients place of work or patients' home) as long as treatment partners can effectively ensure the patients intake of prescribed medication or monitor his/her reaction to drugs.

Any of the following can serve as treatment partners;

- a. DOT facility staff, such as the nurse or midwife.
- b. A trained community health member such as the BHW, local government official or a former TB patient with the following criteria.
  - ✓ -At least 18 years old and not too old to work
  - ✓ -Not immune-compromised.
  - ✓ -Has basic literacy skills; can read and write.
  - ✓ -Residing within the same barangay, preferably same purok or street,

- ✓ -Available to supervise treatment every day, including weekend.
  - ✓ -Can observed confidentiality of patient's record.
  - ✓ -Committed to support the patient for the entire duration of treatment.
- c. Trained family members maybe assigned to administer oral medications during weekends and holidays, or as a sole treatment partners in special cases such as;
- ✓ Poor access to a DOTS facility due to geographical barriers including temporarily displaced populations.
  - ✓ Debilitated, or bedridden patients.
  - ✓ DOTS schedule is conflict with patients work/school schedule and unable to access other DOTS facilities.
  - ✓ Cultural beliefs that limit the choice of the treatment partner (e.g. Indigenous people)
  - ✓ Treatment of children
  - ✓ Post disaster scenarios
- d. In such cases where family member is the treatment partner, drug supply is to be distributed on a weekl basis or as agreed by the health worker and family member
- e. Intramuscular injections are to be administered only by trained or authorized health personnel. Patients with no access to such services during weekends/holidays may forego intramuscular injections provided they still recommended number of dose.

#### **D. PREVENTION OF TB**

1. The facility will implement TB IC interventions following in the order of hierarchy; administrative, environmental and respiratory controls.
2. Managerial activities shall ensure that the above intervention are implemented.
3. Use of respirators shall be limited to identify high-risk areas.
4. DOTS facility staff shall ensure that TB patients are informed about TB IC measures for their households, workplace and community.
5. All infants shall be given a single dose of BCG except those who are known to be HIV positive, those whose HIV status is unknown but who are born to HIV-positive mothers and whose symptoms are suggestive of HV.
6. In the absence of PPD, symptomatic screening could be alone to screen household contacts and identify children who will benefit from Isoniazid Preventive Therapy. The unavailability of PPD shall not dter the provision of IPT to 0-4-year-old children who are household contacts of bacteriologically-confirmed index cases.
7. IPT should not be given to child contacts of drug-resistant TB.

## **E. RECORDING AND REPORTING**

1. Recording and reporting for NTP shall be implemented in the facility. All NTP records should be kept for at least seven years before properly being discarded.
2. Recording and reporting shall include all cases of TTB, classified according to internationally accepted case definitions.
3. Confidentiality of patient records shall be observed at all times.
4. Recording and reporting of NTP shall use the FHSIS network for routine reporting and feedback.
5. The Integrated TB Information System (I-TIS) shall be the official electronic TB information system.
6. All quarterly reports should be sent to the DOH through channels.
7. Records and reports shall allow for the calculation of main indicators for program evaluation.

## **F. ENSURING PRIVACY AND CONFIDENTIALITY**

1. All data regarding TB patients shall be placed in filing cabinets, preferably with locks to ensure inaccessibility from non-DOTS facility persons.
2. All TB medicine boxes and containers of all patients shall be coded/ numbered carefully in order to ensure confidentiality of identity of TB patients.
3. No data or information shall be given to the public or to anyone without the consent of the patient concerned, except for program monitoring and evaluation, and for legal purposes.
4. Patient information/ data can be given to a second party only with a written authorization of patient concerned.
5. Any personnel of the Rural Health Unit who will be caught and proven to divulge any information regarding patient's identity shall be acted upon accordingly.

## **G. MANAGEMENT OF ANTI-TB DRUGS AND DIAGNOSTICS SUPPLIES**

1. The over-all management of all TB drugs supplies and diagnostic supplies, and the development and dissemination of corresponding policies and guidelines shall be the responsibility of the NTP with the support of the RO and LGU.
2. The local government shall ensure that NTO policies and guidelines for NTP supplies management are implemented properly at their level. They shall also actively participate in monitoring and evaluation of the policies and guidelines.
3. NTP shall ensure that drugs selected for the use of the program is in accordance to the international guidelines, are indicated in the national standards guidelines, registered within the Philippines FDA and included in

the national formulary. Standardized fixed dose combination (FDC) of anti TB drugs shall be used under the NTP whenever appropriate. The NTP with the support of NTRL and FFDA, shall ensure the quality of anti-TB drugs and laboratory supplies used in the program.

4. Quantification and ordering shall be based on utilization rate, projected increase of cases due to strengthen case finding and provision of buffer stocks.

Buffer stocks equivalent to 50% annual requirement should be maintained.

5. Procurement of TB drugs and diagnostics supplies at the national and local government level shall follow the “Government Procurement Reform Act” or RA 9184 and the DOH policies, guidelines, and standards for the procurement of TB drugs and laboratory supplies.
6. Medicines and supplies shall be stored under appropriate conditions and accounted for through proper recording and reporting. Stock status should be reflected at monthly supply and inventory system.
7. The use of medicines shall be guided by the presence of appropriate indications for treatment based on the NTP standards for diagnosis of TB, and the absence of contraindications to their use.
8. Disposal of expired and damaged drugs and diagnostic supplies shall follow the government rules and regulations.
9. The local government unit shall be responsible for reproduction of all official NTP form to ensure availability and adequacy in the RHU.
10. LGU’s shall set aside funds for the emergency procurement of sufficient quantities of TB drugs and diagnostic supplies in times of impending shortage to ensure continuous availability of NTP commodities at their service delivery points.

## **H. REFERRAL SYSTEM**

1. Patients shall have the right to know the reason/s for referral and participate in the choice of facilities where she/he will be referred.
2. Health care providers have the responsibility of ensuring prompt and appropriate response to patient’s health needs by immediate referral for services that can be provided by other health facilities/providers.
3. A two-way functional referral must be observed by ensuring that a receiving facilities to exert all efforts of ensuring that a referred patient is not lost during the referral process.
4. The facilities must use the standard NTP referral form.
5. Patients who were not referred in accordance to NTP policies and procedures shall be accommodated and evaluated accordingly.

## **I. TUBERCULOSIS INFECTION CONTROL**

### **A. GENERAL POLICY AND OBJECTIVE**



1. Promptly identify people with TB symptoms who have who come into \_\_\_\_\_ Rural Health Unit.
2. Physically separate infections and potentially infection individuals from others.
3. Enforce patients, staffs, and visitors compliance with respiratory hygiene practice.
4. Reduce the risk of TB exposure to other patients and staff by minimizing the time diagnosed TB patients and TB Symptomatic are within the health center.
5. Prevents staff from acquiring and developing TB and support those who have contracted TB in compliance with national guidelines and national employee health regulations.
6. Ensure that building design and use are appropriate for the buildings intended use and ease of operation.
7. Ensure sufficient air exchange and control airflow direction.

## B. APPLICABILITY

Pototan Rural Health Unit	Triage	Separation	Cough etiquette	Minimize time	TB screening	National ventilation	Mixed-mode ventilation	Mechanical Ventilation	Respirators
Waiting area	X	X	X	X	X	X	X		
Consultation rooms			X	X	X	X	X		
Collection area/ Smearing area		X				X			
Microscopy laboratory			X	X	X	X	X		
Counseling/ Treatment room		X	X			X	X		

## C. PROCEDURES:

### Administrative Controls

1. **TRIAGE:** Admitting Nurse or midwife responsible
  - h. Place large notices at the entry way at eye- level, stating that one must immediately inform staff of current cough lasting for two weeks more.
  - i. Display notices explaining that the facility prioritizes patient with current cough that lasted for two weeks or more over others in waiting queue and makes use of designated separate waiting areas if possible.
  - c. Undertake screening of persons with cough as they enter the health center and before they have joined the queue or have had a seat with others. Any

patient with 1) current cough that lasted for 2 weeks or more, 2) fever, 3) weight loss, 4) night sweats.

d. Direct presumptive TB to the outdoor sputum collection area to provide a sputum sample. Use a sputum cup with a screw cap. Explain how to provide a sputum sample. Instruct them where to bring the sputum sample, a place outside the laboratory. When they return direct them immediately in front of the waiting queue to be seen with priority or to designate waiting area away from the regular patients where they can wait until they can be seen.

e. List presumptive TB in the TB Presumptive Masterlist.

f. Documents, evaluate and report the number of confirmed sputum smear positive against the total number of TB Symptomatic at the end of every month/quarter.

2. **SEPARATION:** Admitting nurse or midwife responsible

3. Separate Presumptive TB and diagnosed infectious TB patient in a designated partition of the general waiting area near open windows.
4. Separate diagnosed MDR - TB patients from other patients by giving them a specific time slot for visiting the health facility; every tuesday.

3. **COUGH ETIQUETTE:** Barangay Health Worker responsible

6. Place posters on cough etiquette at the general waiting area and DOTS consultation room, where patients cannot miss to see them (directly in front of them at eye- level and not on back wall).
7. Provide daily health education on cough etiquette (ex. Cover mouth and nose when coughing or sneezing; turn head away from others; do not spit on the floor) as part of one - on - one counseling or as part of pre- clinic lectures.
8. Remind non - adhering persons to comply with the respiratory hygiene policy of rural health unit.
9. If available, provide disposable surgical masks to all confirmed infectious TB patients and Presumptive TB, if not available, make use of personal handkerchief or paper tissues.
10. Instruct them to discard disposable surgical masks and paper tissues in a plastic bag and then in a waste bin.

4. **MINIMIZING TIME SPENT IN THE HEALTH CENTER:** Entire Team Responsible

7. Manage patient flow. Move presumptive TB to the front of the waiting area waiting area to be seen with priority.
8. Document in the patient's chart the date 1) Laboratory tests were completed; 2) the patient received results and Medications; ideally, the turn - around time for sputum examination is 3 days; ideally, the patient is started on treatment within 1 day.

9. Evaluate (delays in) 1) the minimum/ maximum and average time for diagnosis, and 2) between diagnosis and initiation of treatment; (evaluate these monthly).

5. **TB SCREENING OF STAFF:** Entire team responsible

- a. Be aware of the occupation risk to acquire TB
- b. Be familiar with the TB IC Policy and procedure of the facility and the Magna Carta of public health workers (Rep. Act No. 7305) and other relevant employee.
- c. Health regulations including TB screening to ensure that the workplace practice conforms to these national and institutional rules and regulation. Have one copy of the RA No. 7305 available at the center appended to this policy.
- d. Be alert to signs and symptoms of TB and seek care promptly in case of signs and symptoms (Presumptive TB screening ex. sputum examination)
- e. Be examined at least annually (periodic TB screening ex. Chest x - ray)

6. **NATURAL VENTILATION:** LGU and RHU responsible

- a. Create a designated waiting bay for TB symptomatic/ presumptive TB and TB patients.
- b. Ensure that doors and windows on opposing walls are kept open during consultation hours in all consultation rooms.
- c. Place furniture in consultation rooms such that staff- patient interactions occur with air flow passing between patient and staff, rather than from patient to staff. Sketch a floor plan for each room and display the (laminated) floor plans at the inside of the doors.
- d. Construct and maintain outdoor sputum collection area to improve privacy without hampering ventilation.
- e. Maintain moving parts of windows to allow for adequate air exchange.

7. **Mixed - mode Ventilation** - LGU and RHU Responsible

5. Install wall fans, stand fans or industrial fans in the waiting area behind the admitting nurse/midwife.
6. If appropriate, place electric fans in consultation rooms/ counseling room behind the staff to push air from the staff in the direction of the patients.
7. Assign a dedicated person or team to check and to service ventilation equipment on a regular schedule.
8. Administrative controls regarding the operation of the fans should be in place to guarantee a flawless functioning, keep a log to record the date, what was done (ex. Checking, cleaning, replacement of parts, repair) and when the equipment should be service again. Deficiencies must be repaired and replaced as soon as possible.

**D. RESPONSIBILITY**

- Municipal Health Officer/ Municipal Coordinator.

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***Revision of this policy will be considered whenever there is urgent reasons for new development and new guidelines***

## **DOTS Program**

### **I. VISION AND MISSION**

**Vision:**

To make Pototan a municipality where tuberculosis is no longer a public health problem

**Mission:**

To ensure TB-DOTS services available, accessible and affordable in the community

### **II. SERVICES AVAILABLE**

1. Screening and Consultation
2. Tuberculin Skin Testing
3. Sputum Microscopy
4. Medicine Provision
5. Counseling and Health Education
6. Referral

### **III. SCHEDULE OF SERVICES**

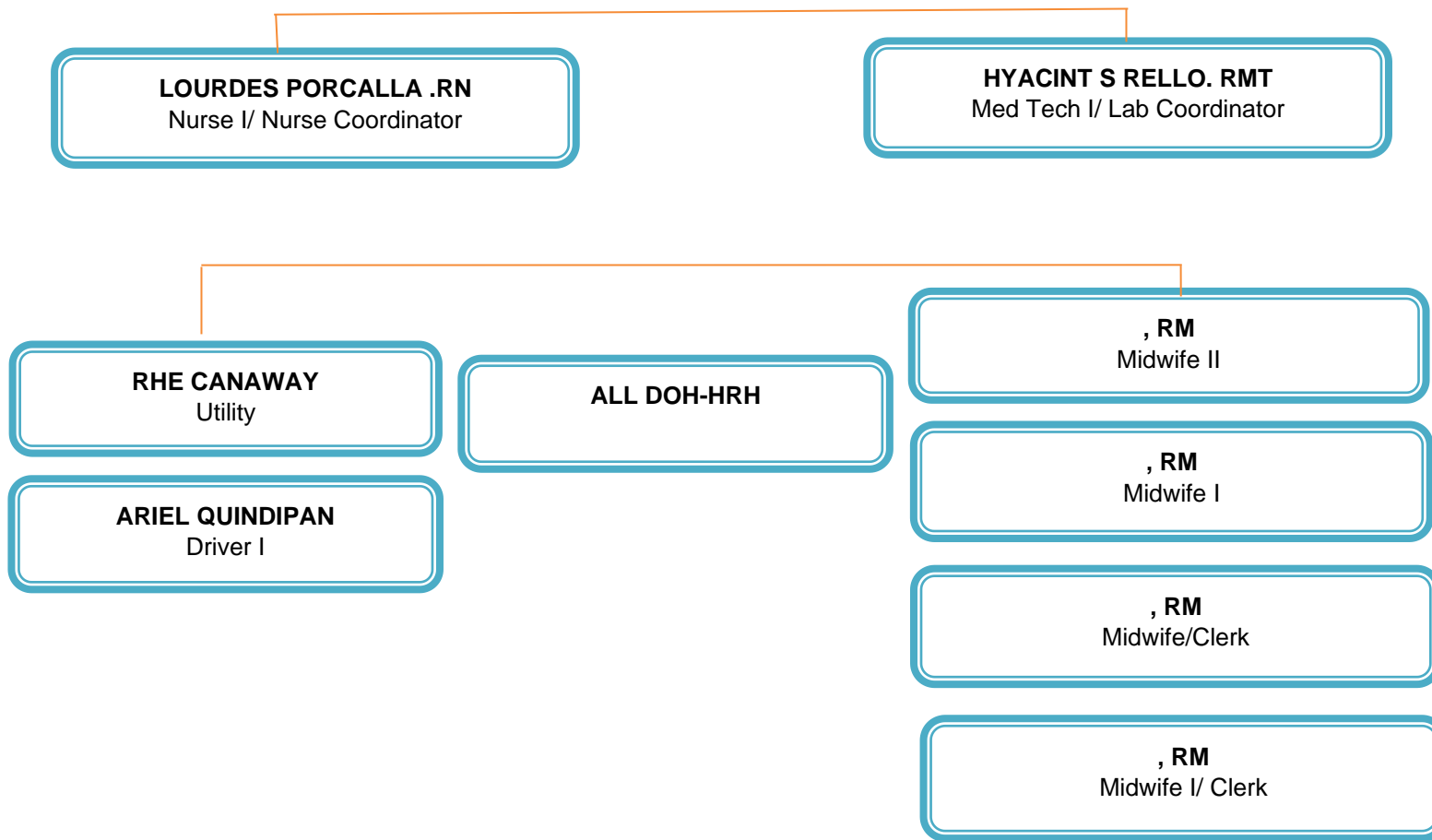
Screening: Mondays to Friday, 8:00am to 4:00pm

Follow-up: Every Monday; 8:00am to 4:00pm

### **IV. ORGANIZATIONAL CHART**



**Rodina p. Mondragon MD ,MPM,HAA**  
Municipal Health Officer/Physician



## V. ROLES AND RESPONSIBILITIES

Physician	<ul style="list-style-type: none"> <li>Organize planning and evaluation of TB control activities in DOTS facilities.</li> <li>Ensure all staff have been trained in TB DOTS</li> </ul>
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	<ul style="list-style-type: none"> <li>• Supervise staff to ensure proper implementations of NTP policies and guidelines.</li> <li>• Ensure presumptive TB based on clinical and laboratory evidence.</li> <li>• Prescribe appropriate treatment.</li> <li>• Manage adverse reactions.</li> <li>• Provides continuous health education and counseling to all TB patients under treatment.</li> <li>• Refer TB patients to other health facilities as needed.</li> <li>• Encourage community and family support to TB control</li> <li>• Coordinate with local chief executives to ensure funds and personnel are available for program implementation.</li> <li>• Coordinate with other TB stakeholders to ensure that all detected TB cases are reported and services provided are within NTP policies and guidelines.</li> </ul>
Nurse	<ul style="list-style-type: none"> <li>• Manage the process of detecting TB cases in coordination with other staff.</li> <li>• Assist the physician in counseling and initiating treatment of TB patient.</li> <li>• Accomplish the NTP treatment card.</li> <li>• Agree with TB patient the mode of DOT including the treatment partner.</li> <li>• Supervise midwives to ensure proper implementation</li> <li>• Maintain and update the presumptive TB masterlist and TB register.</li> <li>• Facilitate requisition and distribution of anti-TB drugs, laboratory supplies and forms.</li> <li>• Maintain records and logistics and ensure proper storage of drugs.</li> <li>• Provide continuous health education to all patients.</li> <li>• Conduct training of all health workers and community volunteers.</li> <li>• Prepare, analyze and submit reports required by the health department.</li> </ul>
Midwife	<ul style="list-style-type: none"> <li>• Under the supervision of the nurse, do the following: <ul style="list-style-type: none"> <li>- Identify presumptive TB patients and ensure proper collection and transport of sputum specimen.</li> <li>- Refer all diagnosed TB patients to physician and nurse for clinical evaluation and initiation of treatment.</li> <li>- Maintain and update NTP treatment card.</li> </ul> </li> <li>• Implement DOT with treatment partner.</li> </ul>

	<ul style="list-style-type: none"> <li>- Provide continuous health education to patient.</li> <li>- Supervise intake of anti-TB drugs.</li> <li>- Collect sputum for follow-up examination.</li> <li>- Report and retrieve defaulters within 2 days</li> <li>- Refer patients with adverse reactions to physician for evaluation and management.</li> <li>- Supervise and mentor treatment partners.</li> </ul>
Medical Technologist	<ul style="list-style-type: none"> <li>• Do DSSM for diagnosis and follow up.</li> <li>• Refer for/Perform Xpert MTB//RIF examination as needed.</li> <li>• Inform the referring health worker or facility of the result of DSSM or Expert MTB/RIF.</li> <li>• Maintain and update the NTP laboratory register.</li> <li>• Prepare quarterly report on laboratory services and submit to the nurse or physician.</li> <li>• Do internal quality control within the laboratory.</li> <li>• Prepare and submit quarterly supplies requirement to the nurse.</li> <li>• Store sputum smears sampling of the provincial TB coordinators for blind rechecking.</li> <li>• Ensure that the microscope are properly maintained and functional.</li> </ul>
Barangay Health Workers/ Community Health Volunteers	<ul style="list-style-type: none"> <li>• Identify and refer presumptive TB to DOTS facility for sputum collection</li> <li>• Collect and ensure transport of sputum specimen.</li> <li>• Assist health staff in doing DOT in TB patient.</li> <li>• Keep and update the NTP ID cards.</li> <li>• Report and retrieve defaulters within two days.</li> <li>• Attend regular consultation with the health personnel, together with the patient and treatment partners.</li> <li>• Refer patient with adverse reaction to health personnel.</li> <li>• Provide health education to patient, family members and the community.</li> </ul>

**VI. DEPARTMENT:**

- Waiting Area
- Consultation Rooms
- TB Counseling and Treatment Room
- Sputum Collection Area

- Smearing Area
- Microscopy Laboratory

## **VII. IMPLEMENTING POLICIES AND PROCEDURES**

### **A. CASE FINDING**

12. All passive, enhanced and intensified case finding activities shall be implemented to aid in higher case detection in the municipality. Systematic screening in the facilities shall be done in all clients visiting the facility regardless of reason of consult.
13. Algorithm in screening shall be based on the manual of procedures to be implemented accordingly.
14. All patients with chest Xray findings suggestive of TB should be identifies a presumptive TB.
15. Xpert-MTB/RIF shall be the primary diagnostic test for PTB and EPTB in adults and children.
16. Smear microscopy shall be alternative diagnostic test if Xpert is not accessible. Unavailability of Xpert-MTB/RIF test shall not be a deterrent to diagnose TB disease bacteriologically.
17. Tuberculin Skin Test or Mantoux Test, shall only be used as an adjuvant when in doubt in making clinical diagnosis in TB in children.
18. Physical assessment and prescription of appropriate regimen for TB patient shall be conducted by the physician.
19. TB Nurse Coordinator shall be responsible in recording on recommended forms and report to authorized next level.
20. The TB Nurse Coordinator will provide health education, and Rural Health Midwife or Nurse Deployment Project shall give weekly health education in the community with emphasis on the following.
  - a. TB is infectious
  - b. TB can be cured but requires regular drug intake.
  - c. Consequences of irregular intake.
  - d. Side effects of anti-TB drugs.
  - e. Importance of follow-up sputum smear examination.
  - f. Importance of family/treatment partner support.
21. Nurse will initiate the intake of first TB drugs at the RHU. Record the date when treatment started and other information required in treatment card and registry.
22. In the absence of TB Nurse, Nurse Assistant Coordinator (NDP) or senior midwife shall perform the job with proper communication such as endorsement from and to the Nurse Coordinator and Physician.



23. Midwife and Nurse of the corresponding barangay shall be automatically assigned as one of treatment supervisors in the whole duration of treatment.
24. Treatment card shall be maintained in the TB-DOTS center while NTP ID card shall be provided to patient/treatment partner to be monitored periodically.
25. TB Laboratory registry shall be maintained by Medical Technologist and shall conduct follow up sputum examinations.

## **J. QUALITY ASSURANCE OF SPUTUM MICROSCOPY AND USE OF LABORATORY**

### **1. Barrier and Safety Precaution**

- a. Perform procedures that create potential aerosol and splashes or those that involve specimens with high concentration or large volume of infectious agent.
- b. Use appropriate protective equipment or clothing; gloves, coats, face shields and safety glasses.

### **2. Safety Precaution**

- a. Ensure clinical specimens are placed in airtight containers to prevent leakage during collection, handling, processing, storage and transport.
- b. Laboratory coats or gowns as well as gloves should not be worn outside laboratory area.
- c. Contaminated or used gloves should be disposed of and never washed or re-used.
- d. Handle sharps with care.
- e. Wash hands and other body parts if contaminated, immediately and thoroughly after handling infectious materials and before leaving laboratory

### **3. Education of Laboratory Workers**

- a. Limit access to the laboratory to authorized personnel only and restrict entry when work with infectious agents.
- b. Practice cleanliness and hygiene in the laboratory.
- c. Personal activities such as eating, drinking and applying cosmetics shall not be done at the laboratory.
- d. Any accidental exposure to infectious materials should be reported to the Municipal Health Officer.

### **4. Microscope Maintenance**

- a. Never attempt to disassemble any part of the microscope for repair.
- b. Treat the microscope with care. Never expose it to sharp knocks, vibrations, moisture, dust and direct sunlight.

- c. Immersion oil should be wiped off by rubbing the surface of the immersion lens with washed soft gauze or lens paper which slightly moistened with ethyl alcohol.
- d. If possible, store microscope in cabinet box with air inlets and outlets for circulation.
- e. Ideally, dry silica gel about 250 grams is placed in shallow plate and positioned at the bottom of the microscope box.

**5. Chemical Safety**

- a. Laboratory gowns, gloves and safety glasses are amust when handling strong acids.
- b. Always add acid to water. This avoids splashes of acid that can cause burns to the skin and eyes.
- c. Do not use alcohol near an open flame as they are flammable.

**6. Proper Laboratory Arrangement**

- a. Smear preparation and staining: This should be done in a well lit area, preferably near an open window to ensure adequate ventilation during smear preparation.
- b. Actual Microscopy: This area should have stable table for microscope. Subdued lighting is ideal. If daylight must be used as lightsource, the microscope must be placed in front of a window.
- c. Record Keeping and storage: This third area will be used for entering data/results into the logbook and for storing slides.

**7. Storage of Reagent:** Well-prepared reagents can be kept atleast 6 months to one year. Store all reagents in clean and tightly closed closed bottles with a label showing the name of the reagent and date of preparation. Keep bottles out of direct sunlight.

**8. Quality Control of stored staining agents.**

- a. When preparing staining reagents, always perform quality control for each batch of staining reagents prepared.
- b. Keep accurate records in logbook for quality control.
- c. Sometimes, staining reagents may spoil with aging. It is for this reason that stored stains are checked weekly or monthly.
- d. Include positive control smear and record result in logbook.
- e. If result is unsatisfactory, stain another control smear, making sure that the procedure is correct. If this gives a good result, you can used this particular batch. If does not, used new batch of staining reagent.

**9. Procedure for sputum collection and smearing**

- a. Al sputum collection shall adhere with the manual of procedures.
- b. All presumptive TB patient shall be instructed by Nurse, midwife or BHW on proper sputum collection.

- c. Specimen shall be collected in specified sputum cups that are properly labeled and sealed in plastic clear container.
- d. The specimen collected shall be immediately smeared, fixed, stained and read within the day of collection. Results shall be informed within 48 hours.
- e. Only trained medical technologist shall be allowed to perform direct sputum smear microscopy.
- f. Label the slides with Laboratory Code Number, Laboratory Registry Number and number of specimen from which smear is taken.
- g. Ensure proper procedure for sputum smearing by selecting the solid yellowish particle, avoid mixing the sputum with the saliva in the container-this may dilute the amount of AFB which can be fished out.
- h. All slides shall be subjected to validation by External Quality Assurance of the Provincial Health Office.

#### **10. AFB Recognition**

- a. The scale recommended by the World Health Organization and International Union Against Tuberculosis and Lung Disease in quantifying AFB's in the stained shall be used.
- b. After use, clean the objectives lens with lens paper moistened with ethyl ether alcohol, then cover with appropriate material, and store in dry and dust-free place.
- c. If xylene is not available, remove the oil on the surface of the slide with a careful sweep using soft tissue paper.
- d. After cleaning the slide, place them in the slide box for confirmation of quality check.

#### **K. CASE HOLDING**

- 15. All diagnosed TB cases shall be provided with adequate appropriate anti-TB treatment regimen promptly.
- 16. All procedures shall adhere with the Department of Health National Tuberculosis Control Program, Manual of Procedures, 6<sup>th</sup> edition.
- 17. Anti-TB treatment shall be done through patient centered, directly observed treatment (DOT) to foster adherence. DOT should be carried out in settings that are more accessible and acceptable to the patient. Exert all efforts to decentralize DR-TB patients as soon as possible to a treatment facility most accessible to the patient.
- 18. Anti-TB treatment regimen shall be based on anatomical site, bacteriologic status including drug resistance and history prior to treatment. Except in cases of adverse drug reactions and special

circumstances requiring treatment modifications, TB treatment under the NTP shall conform to the standardized regimens

19. Standard Treatment for DS-TB shall be given based on results of Xpert-MTB/RIF. If Xpert is not done, history of treatment will be used as basis for the regimen.
20. Treatment adherence shall be ensured by providing support from family members, monitored weekly by NDP and Midwife of the area and monthly by the TB Nurse Coordinator and physician monthly.
21. All adverse drug reactions shall be investigated and reported accordingly.
22. All patient 15 years old and above shall be offered PICT (if training is done).
23. All TB patients aged 25 years old and above shall be screened for diabetes.
24. Treatment of MDR-TB and RR-TB treatment shall be started as early as possible.
25. Management of drug-resistant case shall be done in strict collaboration of the DOTS and other professionals in accordance with the current clinical practice guidelines and manual of procedures.

#### **L. DETECTING AND MANAGEMENT OF TREATMENT FAILURES AND LOST TO FOLLOW UP**

1. Tracking mechanisms for patients lost to follow-up shall be put in place to ensure that patients who fail to follow-up as scheduled are immediately traced.
2. Medicines can be provided in an every two weeks or monthly interval with the patient with direct supervision of his/her treatment partners.
3. The Nurse TB coordinator should have regular communication with patient.
4. Any interruptions in treatment should be discussed with patient and treatment supporter, and interventions to address problems should be instituted.
5. All patients shall be monitored for compliance. In absence of patients schedule to get medicines, the Nurse Coordinator shall call immediately the patient. In case of absence of mobile number, the Nurse Coordinator shall communicate with the treatment partners.
6. Other methods to be implemented is the utilization of Midwives or Nurse Deployment Projects to follow up patient within the day of no medicines to be taken.
7. In case of refusal to continue the medication regiment, it shall be discussed with the Municipal Health Officer.
8. For patients who interrupt treatment for less than one month, continue the treatment and just prolong it to compensate for the missed dose/s.

9. If interruption is more than 1 month but less than two months, perform sputum microscopy and decide on continuation of treatment based on results, seen at DOH NTP-MOP 6<sup>th</sup> edition.
10. If interruption is at least two months, declare lost to follow up. Exert all efforts to trace patient, perform Xpert/MTB-Rif and refer DR-TB treatment center if needed.

#### **M. SELECTION OF TREATMENT PARTNERS**

2. DOT can be done in any accessible and convenient place for the patient (DOTS facility, treatment partners house, patients place of work or patients home) as long as treatment partners can effectively ensure the patients intake of prescribed medication or monitor his/her reaction to drugs.

Any of the following can serve as treatment partners;

- a. DOT facility staff, such as the nurse or midwife.
- b. A trained community health member such as the BHW, local government official or a former TB patient with the following criteria.
  - ✓ -At least 18 years old and not too old to work
  - ✓ -Not immune-compromised.
  - ✓ -Has basic literacy skills; can read and write.
  - ✓ -Residing within the same barangay, preferably same purok or street,
  - ✓ -Available to supervise treatment every day, including weekend.
  - ✓ -Can observed confidentiality of patient's record.
  - ✓ -Committed to support the patient for the entire duration of treatment.
- c. Trained family members maybe assigned to administer oral medications during weekends and holidays, or as a sole treatment partners in special cases such as;
  - ✓ Poor access to a DOTS facility due to geographical barriers including temporarily displaced populations.
  - ✓ Debilitated, or bedridden patients.
  - ✓ DOTS schedule is conflict with patients work/school schedule and unable to access other DOTS facilities.
  - ✓ Cultural beliefs that limit the choice of the treatment partner (e.g. Indigenous people)
  - ✓ Treatment of children
  - ✓ Post disaster scenarios
- d. In such cases where family member is the treatment partner, drug supply is to be distributed on a weekly basis or as agreed by the health worker and family member

- e. Intramuscular injections are to be administered only by trained or authorized health personnel. Patients with no access to such services during weekends/holidays may forego intramuscular injections provided they still recommended number of dose.

## **N. PREVENTION OF TB**

- 8. The facility will implement TB-IC interventions following in the order of hierarchy; administrative, environmental and respiratory controls.
- 9. Managerial activities shall ensure that the above intervention are implemented.
- 10. Use of respirators shall be limited to identify high-risk areas.
- 11. DOTS facility staff shall ensure that TB patients are informed about TB IC measures for their households, workplace and community.
- 12. All infants shall be given a single dose of BCG except those who are known to be HIV positive, those whose HIV status is unknown but who are born to HIV-positive mothers and whose symptoms are suggestive of HV.
- 13. In the absence of PPD, symptomatic screening could be alone to screen household contacts and identify children who will benefit from Isoniazid Preventive Therapy. The unavailability of PPD shall not deter the provision of IPT to 0-4-year-old children who are household contacts of bacteriologically-confirmed index cases.
- 14. IPT should not be given to child contacts of drug-resistant TB.

## **O. RECORDING AND REPORTING**

- 8. Recording and reporting for NTP shall be implemented in the facility. All NTP records should be kept for at least seven years before properly being discarded.
- 9. Recording and reporting shall include all cases of TB, classified according to internationally accepted case definitions.
- 10. Confidentiality of patient records shall be observed at all times.
- 11. Recording and reporting of NTP shall use the FHSIS network for routine reporting and feedback.
- 12. The Integrated TB Information System (I-TIS) shall be the official electronic TB information system.
- 13. All quarterly reports should be sent to the DOH through channels.
- 14. Records and reports shall allow for the calculation of main indicators for program evaluation.

## **P. ENSURING PRIVACY AND CONFIDENTIALITY**

6. All data regarding TB patients shall be placed in filing cabinets, preferably with locks to ensure inaccessibility from non-DOTS facility persons.
7. All TB medicine boxes and containers of all patients shall be coded/ numbered carefully in order to ensure confidentiality of identity of TB patients.
8. No data or information shall be given to the public or to anyone without the consent of the patient concerned, except for program monitoring and evaluation, and for legal purposes.
9. Patient information/ data can be given to a second party only with a written authorization of patient concerned.
10. Any personnel of the Rural Health Unit who will be caught and proven to divulge any information regarding patient's identity shall be acted upon accordingly.

**Q. MANAGEMENT OF ANTI-TB DRUGS AND ASSURING CONTINUOUS SUPPLY OF TB DRUGS**

11. The over-all management of all TB drugs supplies and diagnostic supplies, and the development and dissemination of corresponding policies and guidelines shall be the responsibility of the NTP with the support of the RO and LGU.
12. The local government shall ensure that policies and guidelines for NTP supplies management are implemented properly at their level.
13. NTP shall ensure that drugs selected for the use of the program is in accordance to the international guidelines, are indicated in the national standards guidelines, registered within the Philippines FDA and included in the national formulary. Standardized fixed dose combination (FDC) of anti TB drugs shall be used under the NTP whenever appropriate. The NTP with the support of NTRL and FFDA, shall ensure the quality of anti-TB drugs and laboratory supplies used in the program.
14. Quantification and ordering shall be based on utilization rate, projected increase of cases due to strengthen case finding and provision of buffer stocks.
15. The local government unit shall be responsible for reproduction of all official NTP form to ensure availability and adequacy in the RHU.
16. LGU's shall set aside funds for the emergency procurement of sufficient quantities of TB drugs and diagnostic supplies in times of impending shortage to ensure continuous availability of NTP commodities at their service delivery points.
17. To ensure continuous supply of medicine, the NTP Nurse Coordinator shall compute the medicines needed by the client in the whole duration of treatment prior to start of both intensive and continuation phase.
18. Procurement of medicines, medical supply, equipment and other logistics shall be included in the annual investment plan and procurement plan.

## **R. ASSURANCE OF QUALITY AND SAFETY OF TB DRUGS**

### **1. Medicine and Logistic Good Storage Practice**

- After initially checking the medicines delivered, transfer the goods to their respective areas
- Store the goods in an organized and orderly manner with the label bearing the name of the product in front.
- First-Expire-First-Out will be the basis of disposing drugs.
- Avoid direct contact to the sun or on the walls to avoid moisture accumulation.
- Store expired and recalled goods in the storage room, marking it with “Expired” and “Recalled”, respectively to prevent use.
- Store medicines at stipulated temperature areas, protected from excessive light, dust and humidity. The temperature should be checked daily and recorded in the monitoring sheet if necessary for cold chain drugs.
- Store the other stock in a separated area. Maintain all sales invoice records for return or exchange of products to the supplier.
- Verify the contents of the delivery products for any counterfeit, damage or defect.
- Record the data in an appropriate logbook and computer entry for received medicines and supplies.
- File the invoice receipt or delivery receipt in a folder.
- Store the goods in an organized and orderly manner in their appropriate shelves with the correct label bearing the name of the product in front.
- Have a systematic way of arranging the products in the display cabinet or shelves to avoid confusion or mix ups.
- Specific if medicines are arranged by therapeutic category.
- Avoid direct exposure to sunlight
- Avoid direct contact on the walls to prevent moisture and heat accumulation
- Provide pallets for proper storage of bulk medicines
- Provide proper ventilation in the storage room
- Check if there are inappropriate items inside the refrigerator like food and beverages
- Contingency plan should be provided during emergencies for Cold Chain management.

### **3. FOR PARENTERALS, VACCINES AND OTHER BIOLOGICAL PRODUCTS**



- Store all the biological products and vaccines requiring a temperature of 2-8 degrees Celsius or a negative temperature in the biological refrigerator
- Cold Chain system is implemented to ensure the potency of vaccine from the time of manufacturer to the time it is given to the patient.
- The contingency plan is posted near the refrigerator as a guide, ready reference and reminding for person in charge for the management of medicines
- First - Expiry - First out system is applied
- There should be a calibrated thermometer inside the refrigerator to ensure the regular monitoring in the storage area.
- Ice packs and coolers should be provided for the transfer of products
- A back - up generator should be available in case of electrical failure

#### **4. DISPOSAL OF EXPIRED, DAMAGED, RETURNED OR REJECTED PRODUCTS.**

- A personnel in charge will be assigned to a specific shelves for monitoring near expired drugs. Nearly expiry drugs that are 3 months before to expire shall be removed.
- Checking expiry date shall be done every month and shall be recorded and inventoried.
- Nurse Coordinator will ask the attention of the supplier to return nearly expire drugs, damaged, returned and rejected so that the product will be pulled-out and disposed.
- When the supplier cannot accept anymore the product. The pharmacy must then dispose the products in an environmental conscious way. It can be done by coordinating to the garbage collector for proper disposal.

#### **5. ADVERSE DRUG REACTION**

- After hearing the complaint, conduct an interview and assessment. The interview should be personal and private.
- While interviewing the client, there should be a documentation of it, and if possible there must be proof of the adverse reaction of the drug such as pictures of it, recording of the talk and so on to forth.
- Ask about his lifestyle and other medicines that he is taking.
- The answer should be true and valid.
- The ADR should be categorized according to its type and classification.
- A form must be filled up and let the interviewee sign it to prove that all written complaints are true and original.

- Keep the ADR form and report it to the company that involved and to the nearest FDA office, so that analyses, tests and studies on that event can be performed.
- Manage and refer the client accordingly.

## **S. REFERRAL SYSTEM**

### **6. General Policy**

- Patients shall have the right to know the reason/s for referral and participate in the choice of facilities where she/he will be referred.
- Health care providers have the responsibility of ensuring prompt and appropriate response to patient's health needs by immediate referral for services that can be provided by other health facilities/providers.
- A two-way functional referral must be observed by ensuring that a receiving facilities to exert all efforts of ensuring that a referred patient is not lost during the referral process.
- The facilities must use the standard NTP referral form.
- Patients who were not referred in accordance to NTP policies and procedures shall be accommodated and evaluated accordingly.

### **7. Referral to Xray Providing Facility**

- After negative sputum examination, a presumptive TB patient shall be given appropriate medication for symptoms. If not improved, patient shall be referred to partner outsource facility.
- Patient is may have the option to conduct diagnostic such as Xray related procedures to a facility-of-choice, either public or private.
- Patients or their significant others shall be instructed to bring back the result for further interpretation, evaluation and possible management.

### **8. Referral of patient to TB-Diagnostic Center**

- All TB symptomatic patients shall undergo sputum microscopy, Xray and other diagnostics needed.
- All policies and procedures in acquiring CXR results shall comply with existing policies on Xray referral.
- All smear negative but chest Xray suggestive of pulmonary TB should be referred to accredited TB Diagnostic committee.
- Wait for TBDC evaluation of results which shall be sent back to the DOTS facility.
- Carry out TBDC recommendation in collaboration with the physician.

### **9. Referral to and for Other Services**

- a. All TB patients shall have thorough physical examination before enrollment to the TB-DOTS and during scheduled follow ups.
- b. If history taking and physical examinations suggest other or concurrent diseases, the patients shall be referred to appropriate referral hospital to provide further evaluation and management.
- c. The referral shall be two-way referral system to determine action taken by the unit referred upon.
- d. The Specialty Physician referred upon shall provide recommendation to the head of the DOTS facility regarding patient's condition and needed care and condition.
- e. The head of the DOTS facility shall have the prerogative to modify the management at the best of his knowledge in collaboration with specialty physician.
- f. The DOTS facility physician shall recommend follow up examination to the specialty physician regularly to assess the progress of the patient.

#### **T. HEALTH EDUCATION AND PROMOTION**

1. In general, all patient shall receive appropriate health education and information about their disease, its pathology, management and expected outcomes prior, during and after treatment.
2. The office shall conduct health education activities in community, workplace and schools in collaboration with different sectors or groups.
3. Health promotion materials shall be posted in conspicuous areas in the community, with special emphasis on the availability of services provided under the Municipal Health Office.
4. TB signage and posters shall be posted or available in strategic places.
5. Advocate NTP program to local chief executive to encourage funding of the program.
6. Encourage community participation for the program.

#### **U. IDENTIFYING AND WORKING WITH EXTERNAL GROUPS IN PROVIDING DOTS SERVICES**

1. There shall be coordination with different sectors and external groups regarding promotion of NTP services in schools, workplace and tribal groups in the community.
2. A task force is encouraged shall be formulated to aid in achieving desired outcome for the program.
3. Networking with industries/establishments in the community regarding proper referral of TB symptomatic shall be promoted.
4. The DOTS facility shall formulate strategies to build partnerships with other physicians to synchronize diagnosis and treatment of TB cases.

5. All external providers of DOTS shall coordinate with Municipal/Provincial/Regional Health Office regarding provision of DOTS services. All DOTS services shall be compliant to the DOH-NTP manual of procedures. The Municipal Health Office shall coordinate with external providers to monitor compliance.

## **TUBERCULOSIS INFECTION CONTROL**

### **GENERAL POLICY AND OBJECTIVE**

8. Promptly identify people with TB symptoms who have who come into Rural Health Unit.
9. Physically separate infections and potentially infection individuals from others.
10. Enforce patients, staffs, and visitor's compliance with respiratory hygiene practice.
11. Reduce the risk of TB exposure to other patients and staff by minimizing the time diagnosed TB patients and TB Symptomatic are within the health center.
12. Prevents staff from acquiring and developing TB and support those who have contracted TB in compliance with national guidelines and national employee health regulations.
13. Ensure that building design and use are appropriate for the buildings intended use and ease of operation.
14. Ensure sufficient air exchange and control airflow direction.

### **PROCEDURES**

#### **Administrative Controls**

8. **TRIAGE:** Admitting Nurse or midwife responsible
  - j. Place large notices at the entry way at eye- level, stating that one must immediately inform staff of current cough lasting for two weeks more.
  - k. Display notices explaining that the facility prioritizes patient with current cough that lasted for two weeks or more over others in waiting queue and makes use of designated separate waiting areas if possible.
  - c. Undertake screening of persons with cough as they enter the health center and before they have joined the queue or have had a seat with others. Any patient with 1) current cough that lasted for 2 weeks or more, 2) fever, 3) weight loss, 4) night sweats.

- d. Direct presumptive TB to the outdoor sputum collection area to provide a sputum sample. Use a sputum cup with a screw cap. Explain how to provide a sputum sample. Instruct them where to bring the sputum sample, a place outside the laboratory. When they return direct them immediately in front of the waiting queue to be seen with priority or to designate waiting area away from the regular patients where they can wait until they can be seen.
- e. List presumptive TB in the TB Presumptive Masterlist.
- f. Documents, evaluate and report the number of confirmed sputum smear positive against the total number of TB Symptomatic at the end of every month/quarter.

9. **SEPARATION:** Admitting nurse or midwife responsible

- 5. Separate Presumptive TB and diagnosed infectious TB patient in a designated partition of the general waiting area near open windows.
- 6. Separate diagnosed MDR - TB patients from other patients by giving them a specific time slot for visiting the health facility; every tuesday.

10. **COUGH ETIQUETTE:** Barangay Health Worker responsible

- 11. Place posters on cough etiquette at the general waiting area and DOTS consultation room, where patients cannot miss to see them (directly in front of them at eye- level and not on back wall).
- 12. Provide daily health education on cough etiquette (ex. Cover mouth and nose when coughing or sneezing; turn head away from others; do not spit on the floor) as part of one - on - one counseling or as part of pre- clinic lectures.
- 13. Remind non - adhering persons to comply with the respiratory hygiene policy of rural health unit.
- 14. If available, provide disposable surgical masks to all confirmed infectious TB patients and Presumptive TB, if not available, make use of personal handkerchief or paper tissues.
- 15. Instruct them to discard disposable surgical masks and paper tissues in a plastic bag and then in a waste bin.

11. **MINIMIZING TIME SPENT IN THE HEALTH CENTER:** Entire Team Responsible

- 10. Manage patient flow. Move presumptive TB to the front of the waiting area waiting area to be seen with priority.
- 11. Document in the patient's chart the date 1) Laboratory tests were completed; 2) the patient received results and Medications; ideally, the turn - around time for sputum examination is 3 days; ideally, the patient is started on treatment within 1 day.

12. Evaluate (delays in) 1) the minimum/ maximum and average time for diagnosis, and 2) between diagnosis and initiation of treatment; (evaluate these monthly).

**12. TB SCREENING OF STAFF:** Entire team responsible

- a. Be aware of the occupation risk to acquire TB
- b. Be familiar with the TB IC Policy and procedure of the facility and the Magna Carta of public health workers (Rep. Act No. 7305) and other relevant employee.
- c. Health regulations including TB screening to ensure that the workplace practice conforms to these national and institutional rules and regulation. Have one copy of the RA No. 7305 available at the center appended to this policy.
- d. Be alert to signs and symptoms of TB and seek care promptly in case of signs and symptoms (Presumptive TB screening ex. sputum examination)
- e. Be examined at least annually (periodic TB screening ex. Chest x - ray)

**13. NATURAL VENTILATION:** LGU and RHU responsible

- b. Create a designated waiting bay for TB symptomatic/ presumptive TB and TB patients.
- b. Ensure that doors and windows on opposing walls are kept open during consultation hours in all consultation rooms.
- c. Place furniture in consultation rooms such that staff- patient interactions occur with air flow passing between patient and staff, rather than from patient to staff. Sketch a floor plan for each room and display the (laminated) floor plans at the inside of the doors.
- d. Construct and maintain outdoor sputum collection area to improve privacy without hampering ventilation.
- e. Maintain moving parts of windows to allow for adequate air exchange.

**14. MIXED - MODE VENTILATION\_-** LGU and RHU Responsible

9. Install wall fans, stand fans or industrial fans in the waiting area behind the admitting nurse/midwife.
10. If appropriate, place electric fans in consultation rooms/ counseling room behind the staff to push air from the staff in the direction of the patients.
11. Assign a dedicated person or team to check and to service ventilation equipment on a regular schedule.
12. Administrative controls regarding the operation of the fans should be in place to guarantee a flawless functioning, keep a log to record the date, what was done (ex. Checking, cleaning, replacement of parts, repair) and when the equipment should be service again. Deficiencies must be repaired and replaced as soon as possible.

**D. RESPONSIBILITY**

## **PHARMACEUTICAL AND SUPPLY AND LOGISTICS**

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### **POLICY AND PROCEDURES TITLE: Product Procedure**

#### **I. OBJECTIVE**

To provide proper guidelines in procuring of stocks.

#### **II. SCOPE**

Applied to all products

#### **III. RESPONSIBILITY**

Person in Charge

#### **IV. PROCEDURE**

A. The procurement will make an order through phone, SMS, facsimile, sales representative and other media.

B. There should be a copy or list of the products to facilitate checking of them when delivered.

C. Upon delivery of the product, check the product's count, amount, and batch number and make sure that the expiry date is very far, at least two years to make sure that the product is safe, potent, and effective.

D. The procurer will pay the delivery man and ask for official receipt and copy of the sales invoice and filed them.

E. The procurer will price the product through an acceptable price mark- up.

F. The product will then display the ready to be sold.

#### **V. QUALITY OF RECORDS:**

The purchaser will file the invoice for future use and other case.

#### **VI. FORMS:**

Logbook, Inventory Sheets

## **PHARMACEUTICAL AND SUPPLY AND LOGISTICS**

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### **POLICY AND PROCEDURES TITLE: Good Storage Practice**

#### **I. OBJECTIVE:**

To have standard operating procedure for Storage of Medicines.

## **II. SCOPE:**

All to products that within the drugstore. Should be under specific temperature for other temperature-sensitive drugs and proper categorized.

## **III. RESPONSIBILITY**

Person-in-Charge

## **IV. PROCEDURE**

### **A. GENERAL GUIDELINES**

- After initially checking the medicines delivered, all products should be wrapped by a clear plastic to avoid accumulation of dust particles.
- Transfer the goods to their respective areas
- Store the goods in an organized and orderly manner with the label bearing the name of the product in front.
- First-Expire-First-Out will be the basis of disposing drugs.
- Avoid direct contact to the sun or on the walls to avoid moisture accumulation.
- Store controlled drugs substances and other potent drugs in the designated. Access this area should only be allowed to the pharmacist and owner.
- Store expired and recalled goods in the storage room, marking it with "Expired" and "Recalled", respectively to prevent use.
- Store medicines at stipulated temperature areas, protected from excessive light, dust and humidity. The temperature should be checked by the pharmacist daily and recorded in the monitoring sheet if necessary for cold chain drugs.
- Store the other stock in a separated area. Maintain all sales invoice records for return or exchange of products to the supplier.
- Verify the contents of the delivery products for any counterfeit, damage or defect.
- Record the data in an appropriate logbook and computer entry for received medicines and supplies.
- File the invoice receipt or delivery receipt in a folder.
- Store the goods in an organized and orderly manner in their appropriate shelves with the correct label bearing the name of the product in front.
- Have a systematic way of arranging the products in the display cabinet or shelves to avoid confusion or mix ups.
- Specific if medicines are arranged alphabetically, by therapeutic category or by program.
- Avoid direct exposure to sunlight
- Avoid direct contact on the walls to prevent moisture and heat accumulation
- Provide pallets for proper storage of bulk medicines
- Provide proper ventilation in the storage room



- Store medicines at stipulated temperature areas, protected from excessive light, dust and humidity
- The temperature of the store room and cold chain management should be monitored by the designated person in charge for medicines regularly, recorded in the monitoring sheet and should be updated.
- Check if there are inappropriate items inside the refrigerator like food and beverages
- Contingency plan should be provided during emergencies for Cold Chain management.

#### **B. FOR PARENTERALS, SUPPOSITORIES, VACCINES AND OTHER BIOLOGICAL PRODUCTS**

- a. Store all the biological products and vaccines requiring a temperature of 2-8 degrees Celsius or a negative temperature in the biological refrigerator
- b. Cold Chain system is implemented to ensure the potency of vaccine from the time of manufacturer to the time it is given to the patient.
- c. The contingency plan is posted near the refrigerator as a guide, ready reference and reminding for person in charge for the management of medicines
- d. First - Expiry - First out system is applied
- e. There should be a calibrated thermometer inside the refrigerator to ensure the regular monitoring in the storage area.
- f. Ice packs and coolers should be provided for the transfer of products
- g. A back - up generator should be available in case of electrical failure

#### **C. FOR FLAMMABLE AND CORROSIVE SUBSTANCES;**

- a. Bulk supplies and flammable such as alcohols and acetone should be stored in a separate room to prevent the risk of fire to the storage room or in the facility.
- b. Storeroom should be well ventilated and fire proof, away from open flames and electrical appliances. Always store flammables in the coolest location possible and never in direct sunlight

#### **V. QUALITY OF RECORDS:**

The person in charge will monitor the expiration and status of the medicines or stocks.

#### **VI. FORMS:**

Expired Medicines and Recalled Medicine Forms

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## **NEEDLESTICK INJURY**

### **POLICY TITLE:** Infection Control, Prevention and Treatment of Needle Stick Injury

Pototan Rural Health Unit and Birthing and Primary Care Facility provides a sanitary environment to avoid source and transmission of infections and communicable disease. There was an active program for the prevention, control and investigation of infections and communicable diseases.

## **II. NEEDLE STICK INJURY**

### **D. POLICY AND OBJECTIVE**

In case where the health personnel accidentally pricked by unsterile needle, he/she is required to report it to the immediate supervisor or coordinators. The personnel will be referred to the municipal health officer for further assessment so that proper management will be initiated.

### **E. MANAGEMENT**

- d. Anti-tetanus serum injection for free.
- e. Free medicine as needed.
- f. Proper wound care

### **F. PROCEDURE**

- b. Proper disposal of sharps and needles.
  - 6. Never remove, recap, bend or break used needles.
  - 7. Never point the needle toward any body part.
  - 8. Deposit disposable needles in puncture resistant containers.
  - 9. Segregation of all waste is practice in the health facility. In each section, sharps and needles have their own containers. There is specific waste beam of sharps before they are dump.
  - 10. The collecting containers are made up of hard plastic galloons, which cannot be easily punctured by needle. At time, specific collecting box, hard box made up of thick paper boxes.

## **III. Universal Precaution**

- 9. Handwashing after any direct contact with patients.
- 10. Preventing two handed recapping needles.
- 11. Safe collection and disposal of needles and sharps, with required puncture and liquid proof safety boxes in each patient care area.

12. Wearing gloves for contact with body fluids, non-intact skin and mucous membranes.
13. Wearing appropriate personal protective equipment.
14. Covering all cuts and abrasion with a water proof dressing, if available.
15. Promptly and carefully cleaning up spills of blood and other body fluids.
16. Using safe system for health care waste management and disposal.

#### **IV. RESPONSIBILITY**

- d. All Staff
- e. Public Health Nurse
- f. Municipal Health Officer/ Municipal Coordinator.

### **Population Base Primary Health Care Services**

#### **Policies**

#### **Health Promotion**

**Programs for illness prevention and health promotion emphasize maintaining people's health. Programs for promoting health are designed to encourage and enable people to make healthy decisions, alter their lifestyles to lower their chance of contracting chronic illnesses and other morbidities.**

1. Detection of, and intervention against, *chronic diseases*, including cancer and heart disease because chronic diseases account for the bulk of health care expenditures and for considerable absenteeism and productivity losses. Although solutions require addressing multiple risks, chronic diseases are amenable to large-scale detection and prevention programs.
2. Reduction of *alcohol and drug abuse* because alcohol and drug abuse are a major source of health costs, absenteeism, and lost productivity; because abuse increases legal and security costs; and because abuse reduces the morale of coworkers.
3. Improvement of *mental health* because mental health costs continue to grow. Stress-related illnesses are becoming more prevalent and contribute to overall health costs; employee assistance programs at the worksite can be effective.
4. Control of *HIV infections and AIDS*
5. Prevention and control of *tobacco* use because no other single factor accounts for as much cost and loss of productivity.

#### **FIVE-STEP PROCESS**

- (1) identify health problems,**
- (2) determine the relative public health threat,**
- (3) devise strategies to solve the problems,**
- (4) implement strategies, and**
- (5) evaluate the effectiveness of the strategies.**

### **Epidemiological Surveillance**

Immediate reporting component: Suspicion of an unusual health event or possible case of a highly epidemic prone disease can signal the early stages of an outbreak. Any occurrence in this category should be reported to PHO and DOH officials within 24 hours for possible verification and/or field investigation. Weekly reporting component: Each temporary shelter should provide weekly aggregated data for other selected diseases/syndromes as well as zero reporting for all conditions under surveillance. Alerts which rely on a statistical cut-off or trend analysis may be identified based on the weekly reporting. Weekly reporting is also utilized to provide data on the secondary objective of the surveillance system—e.g. to monitor trends of diseases for program planning and evaluation.

Alerts and alert thresholds Alerts can be thought of as “unusual health events that can signal the early stages of an outbreak”(WHO/HSE/GAR/DCE/2012.1). However, it should be emphasized that an alert is primarily an indication of the need for urgent additional follow-up but should not be considered an outbreak until the situation is verified. Most alerts will not end up being outbreaks. Nevertheless, an immediate response to verify the suspicion, or in some situations, to provide preventive interventions, will be required even before lab confirmation can be obtained. In the DSDPS alerts are primarily based upon the initial diagnosis of the temporary shelter medical staff or based on analysis of weekly data. Informal information from the community about an unusual health event may also signal the need for temporary shelter staff to investigate. Diseases/syndromes under surveillance will have different thresholds which will trigger an alert. Thresholds are indicators above which the disease pattern is considered abnormal or unusual and may require a public health intervention. Each disease/syndrome under surveillance is assigned to one of three thresholds for triggering an alert:

- 1) Immediate Alert –threshold is set to one case (or suspicious death) for conditions which require immediate reporting due to either the possible explosive nature of an outbreak or because the condition is targeted for eradication or elimination.
- 2) Statistical Alert—threshold is set to an observed rate where cases exceed the median for the reporting week seen in the last five years. This applies for conditions which rely on a trend analysis to demonstrate an increased incidence. By definition, these alerts will only be apparent through the weekly reporting component of the surveillance system. The PHO should provide all

DOH and LGU with the weekly medians for the last five years for each disease/syndrome.

3) Event based Alert—threshold is based on identification of a cluster of five or more cases in one location in one week or any unusual group of cases which raises the concern of local health officials. Vaccine preventable diseases not noted elsewhere may be of particular concern.

### 3. Diseases/syndromes under surveillance

3.1 Risk assessment—criteria for selection of priority diseases/syndromes  
The conditions under surveillance consist of acute public health events which have been assessed by the following criteria: 1) epidemic potential; 2) ability to cause severe morbidity or death; 3) international surveillance requirements, including diseases which are a specific target of a global control program; and 4) availability of prevention and control measures. For the DSDPS the selected conditions include both diseases and syndromes (e.g. a set of symptoms or signs in a patient which can capture conditions identified to be at risk for the population).

3.2 List of diseases/syndromes All of the 14 diseases/syndromes under surveillance meet the criteria for inclusion as events of public health concern and should be considered important. However, they may be divided into three categories based on the assigned alert threshold:

Immediate alert	Statistical alert	Event based alert
Severe atypical pneumonia Cholera Measles Acute Flaccid Paralysis/ suspect poliomyelitis Meningitis/encephalitis Severe case/death of unknown etiology from any suspected infectious cause	Influenza like illness (ILI) Watery diarrhea Dysentery (bloody diarrhea) Dengue infection Malaria Leptospirosis	Acute jaundice Other suspected vaccine preventable disease (e.g. diphtheria, pertussis, rubella)

## Food Safety Measures

### WHO "Golden Rules" for Safe Food Preparation

WHO data indicate that only a small number of factors related to food handling are responsible for a large proportion of foodborne disease episodes everywhere. Common errors include:

- preparation of food several hours prior to consumption, combined with its storage at temperatures which favor growth of pathogenic bacteria and/or formation of toxins;
- insufficient cooking or reheating of food to reduce or eliminate pathogens;
- cross contamination; and
- people with poor personal hygiene handling the food.

The Ten Golden Rules respond to these errors.

1. Offering advice that can reduce the risk that foodborne pathogens will be able to contaminate, to survive or to multiply.
2. Orientation of Food Stall Owners Pre-Licensing and Quarterly thereafter.
3. Strict Issuance of Sanitary Permit to Operate
4. Random Inspection by HCW

Despite the universality of these causes, the plurality of cultural settings means that **the rules should be seen as a model for the development of culture-specific educational remedies.**

Users are therefore encouraged to adapt these rules to bring home messages that are specific to food preparation habits in a given cultural setting. Their power to change habitual practices will be all the greater.

;

Pototan Rural Health Unit and Birthing and Primary Care Facility values feedback, including complaints as a means of identifying problems and enabling improvements to systems and processes to improve its service. Effective complaint handling is an essential part of the facility's' approach to providing services that are responsive to needs and meet the expectations of clients.

## **II. Scope:**

- D. The policy applies to all divisions and authorities within the health facility. It applies to all regular, contractual, and deployed employees who may receive, manage and/or investigate complaints.
- E. The policy applies to complaints made by external clients. Other policies exist for managing concerns raised internally by the staff.
- F. Complaints dealt with under this policy do not include:
  - c. Representations which debate or challenge the substance of the department's policy, programs or regulatory powers.
  - d. complaints solely about the activities of third parties.

## **III. Policy:**

- K. Clients have a right to know they can complain and how to go about it. The health office will publish its complaints policy and will provide straight forward means for clients to raise concerns or to make a complaint related to the department's service delivery through evaluation tool. The institution is giving evaluation forms design for department for them to address their concerns.
- L. Staff receiving complaints will aim to resolve it at earliest opportunity. It is expected the majority of complaints will be addressed and resolve by frontline staff providing further information or explanation at the time the original dissatisfaction is raised. If the client is not satisfied with the initial response to the complainant, they will be given the option to progress the issue through the formal complaint handling process outlined in the departments complain handling procedure.
- M. Staff will treat all complaints fairly and impartially as is their obligation under the Code of Conduct.
- N. All complains will be acknowledge and complaints kept informed about.
- O. The progress of their matter particularly if delays occur.
- P. Complainants will not be subjected to any form of prejudice, lose service or be disadvantaged in any ways as a result of having complaint.
- Q. Complaints will be treated within an appropriate level of confidentiality. Information about complaints will not be shared on a need - to - know basis, both within the agency and externally.

- R. Reasons will be provided for the decisions made in relation to complaints received.
- S. The departments expects the complainant to:
  - c. Clearly identify the issue of complaint, or ask for help from the departments staff to do this.
  - d. Give the department all the available information in support of the complaint in an organized format at the time of making the complaint and not provide any information that is intentionally misleading or knowingly wrong.
  - c. Cooperate with the departments inquires or investigations.
  - d. Treat the departments staff with courtesy and respect.
- T. If complainants do not meet these expectations, the department may set limits or conditions on the handling of their complaint. Any abuse harassment or threats to safety or welfare of staff will result in discontinuation of the complaint investigation and contact with the complainant will cease. Similarly, if it is found that the complainant has made a frivolous, trivial, knowingly false or vexatious compliant future contact with the complainant may cease.

#### **IV. PROCEDURES**

- . Complaints Handling

#### **V. ROLES AND RESPONSIBILTIES:**

- J. Staff:
  - Receiving feedback from clients and resolving complaints at the first contact whenever possible
- K. Immediate Supervisors
  - Ensuring complaints are thoroughly investigated and reported on, suitable recommendations are implemented and the complainant advised of outcomes providing support to staff members dealing with difficult clients.
- L. Municipal Health Officer
  - c. Overall responsibility for the operation and management of the complaints handling process, including setting standards and monitoring the consistency and effectiveness of how the process is applied and reviewing the outcomes.
  - d. Responsible for the conduct of investigations concerning complaints referred by the administrator, including ensuring all aspects of the complaints are thoroughly examined and reported upon, suitable recommendations are auctoned and response issued to thecomplainant.

#### **VI. HOW TO MANAGE CLIENTS COMPLAINT:**



The first step for any organization is to have documented customer complaint procedures. While the procedure itself can be quite simple, the benefits it will provide will be felt throughout the organization. A systematic accounting of each complaint along with response and reaction is essential to improving overall customer relations and customer retention.

**For customers,** a careful and consistent tracking of complaints and procedures shows a level of professionalism and conveys to clients that their complaints are taken seriously.

**For employees,** it provides a roadmap, a set of standard operating procedures and demonstrates management support for those on the frontlines. It also empowers to handle situation more confidently, efficiently and effectively.

**For management,** it identifies potentials weaknesses and more importantly opportunities for improvement.

## **VII. CUSTOMER COMPLAINTS PROCEDURE:**

The general guidelines for any procedure dealing with customer complaints are as follows:

- A. Make it easy for customers to be heard. Whether over the telephone or in person, make sure that customers can easily voice their complaints - without having to wait. Finding it difficult to contact the right person will only add to their frustrations and dissatisfaction.
- B. Listen carefully to what the customer is expressing and give them (and their complaint) your undivided attention.
  - a. Don't interrupt them (if the complaint is being given in person)
  - b. Don't presume you understand their complaint before they've had a chance to fully explain their problem.
  - c. Don't re-interpret their complaint based on what you think their problem is.
  - d. Do not simply scan written communications-read every word of the letter to understand the issues from their perspective.
- M. Once they have expressed themselves, follow up by asking if there is anything else that needs to be addressed.
- N. Agree with the customer that a problem is real and relevant. Don't dismiss or disagree, and never argue.
- O. Apologize. Extend a perfect business apology. A full apology given at the right time can restore dignity, face and reputation, provide an acknowledgement that the recipient was indeed right, and assure the recipient that they are not at fault.
- P. Resolve the issue. Ensure that staff is empowered with the tools required to resolve the matter. Define clear written guidelines for compensation/ restitution as appropriate. It's important that staffs are able to quickly act on a complaint.

- Q. Once the issue is resolved, ask the customer again whether there is anything else that needs to be discussed.
- R. Thank the customer for bringing the matter to attention, and for improving the quality of a product or service.

## **POLICY TITLE: POLICIES ON RETENTION AND DISPOSAL OF MEDICAL RECORDS**

### **II. GENERAL POLICY AND PROCEDURES**

Medical records should be kept by the Health facility as long as required. Before determining a retention policy, the facility should review the record usage after discharge.

G. Culling medical records that have NOT been used for at least 5 years from the active file room. The aim of culling is to remove INACTIVE medical records from file to make more filing space.

H. The Culled records can then be stored in secondary storage or destroyed.

I. Whenever a medical record has been sent. The tracer should have the following:

- f. The patient's name and date of birth
- g. Admission and discharge dates
- h. Name of attending doctor
- i. Diseases treated and operations performed; and
- j. A discharge summary for each admission if more than one.

J. Medical records are considered the property of the health facility and are compiled, and kept primarily for the benefit of the patient. All personal data contained in the medical record is considered a confidential communication and the property of the patient information cannot be released without the consent of the patient except for the following:

- d. By doctors and other health professionals for the continuing care of the patient
- e. For medical research where the patient is not identified; and
- f. For the collection of the health care statistics when the individual patient not identified.

K. Before archiving/destruction of records, it should be reviewed first.

- a. Records may be destroyed 15 years after last attendance in the hospital
- b. For Deceased Patients, may be destroyed 10 years after the date of death
- c. Obstetric Care, 25 years after last delivery, or 15 years since last attendance

L. All medical records, except for medico-legal cases, stored in the secondary for more than 15 years should be sent to the National archive. A letter of request is forwarded to the National Archive for the disposal of the medical records. In cases where in medical records are destroyed due to natural causes, pest infestation, etc.

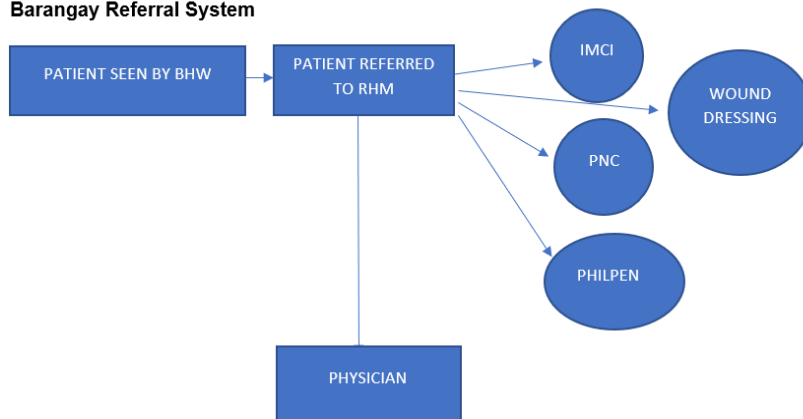
## VIII Referral System

### Policy and Procedure for Referral of Patients to Higher Level of Care When Needed

#### Medical Consultation, Medical Service and Referrals.

This is a medical service that may be availed by the clients who wishes to have consultation, check-up and referrals. Clients are examined according to the cases presented. Medicines are prescribed and dispensed, and referral to the next level facility for further evaluation and treatment may be facilitated when necessary.

#### Barangay Referral System

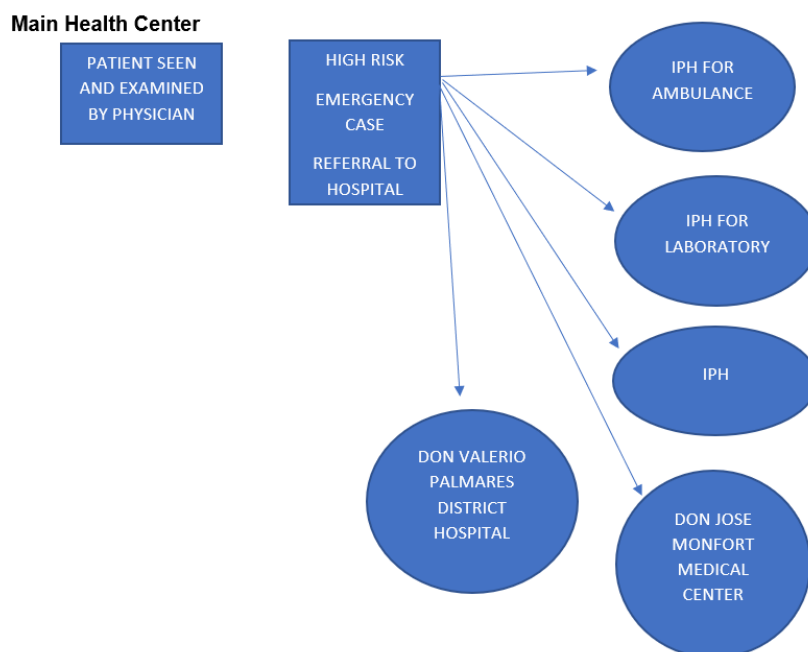


#### POLICY ON REFERRAL OF PATIENTS TO OTHER HEALTH CARE FACILITY

1. Access to specialized care: A higher level health care facility like a hospital has the resources, equipment, and expertise to provide specialized care that may not be available at the primary care level. This can include access to specialists, advanced imaging and diagnostic tools, and specialized treatments and procedures.

2. Timely and appropriate treatment: Referral to a higher level health care facility can ensure that patients receive timely and appropriate treatment for their condition. This is especially important in emergency situations where timely treatment can mean the difference between life and death.
3. Improved outcomes: Referral to a higher level health care facility has been shown to improve patient outcomes, especially for patients with complex or serious medical conditions. This is because these facilities have the resources and expertise to provide more comprehensive and coordinated care.
4. Continuity of care: Referral to a higher level health care facility can ensure continuity of care for patients. This means that their medical history and treatment plan will be seamlessly transferred between healthcare providers, ensuring that they receive the best possible care.

Overall, referral to a higher level health care facility like a hospital is an important step in ensuring that patients receive the best possible care for their condition. It can improve outcomes, provide access to specialized care, and ensure continuity of care.



**Policy on Service Hours Including Extended Service Hours To Accommodate Patient Needs  
And Rules For Reliever**

**OPD**

The Rural Health Unit Birthing and Primary Health Care Facility requires its personnel 8 hours a day from 8:00 am to 5:00 pm excluding Saturdays and Sunday. The healthcare organizations need to balance patient needs with staff availability and the financial feasibility of extended service hours whenever possible especially **Saturdays and Sunday** if the program requires to as well as during emergency. The organization consider factors such as patient demand, staff availability, and the cost of providing extended service hours. A compensatory time off is presently adopted In some cases, it may be necessary to hire additional staff or adjust the workload of existing staff to accommodate extended service hours.

There are no relievers in the LGU for we are governed by the Civil Service rules that instead the institution can only have Job Orders hired at a period of tie or minimum of 3 months.

The Rural Health Unit Birthing and Primary Health Care Facility considers the impact of extended service hours on staff workload, patient safety, and the quality of care provided. It is important to monitor and evaluate the effectiveness of any changes in service hours and adjust policies as needed to ensure the best possible outcomes for patients and staff.

Overall, the Rural Health Unit Birthing and Primary Health Care Facility prioritize the needs of patients while ensuring that staff workload and financial feasibility are also taken into consideration.

**BIRTHING**

There are 2 midwives dedicated to Birthing Unit alone. Under the birthing facility the rural health midwife are made to render a night shift duty on the same day of their day duty.

**SECURITY**

During the night duty the same personnel will act as security officer for the birthing facility while the OPD is close at night.

**Policy on Transfer of Registrants in case of Withdrawal/Suspension or Accreditation of  
Primary Health Care Facility**

1. Identification of patients: The first step is to identify all the patients registered at the closed facility. This can be done by accessing the facility's patient records or contacting the patients directly.

2. **Communication:** The patients should be informed about the closure of the facility and the reasons behind it. They should also be informed about their options for transferring to another facility.
3. **Transfer of records:** The patient records should be transferred to the new facility to ensure continuity of care. This should be done securely and in compliance with any relevant data protection laws.
4. **Selection of new facility:** The patients should be given the choice of which new facility they would like to transfer to. The new facility should be appropriate for their needs and location should be taken into consideration.
5. **Coordination with the new facility:** The closed facility should coordinate with the new facility to ensure a smooth transfer of patients. This may include sharing patient records, providing information about the patient's medical history and treatment plan, and arranging for follow-up appointments.
6. **Follow-up:** The closed facility should follow up with the patients to ensure they have successfully transferred to the new facility and that they are satisfied with their new care.

Overall, this policy ensures that patients are able to receive continuous, high-quality care despite the closure of the primary health care facility.

### **Policies And Procedure On Supply Chain Management Inventory And Stock Outs Of The Primary Health Care Facility**

Effective supply chain management is critical to ensuring that primary healthcare facilities have the necessary resources and supplies to provide quality care to their patients. Here are policies and procedures that can help manage inventory and prevent stock outs in our primary healthcare facilities:

1. **Inventory management policy:** The facility will do electronic and physical inventory as we are already trained on eLIMS monthly, weekly tracking, and monthly stock levels review.
2. **Procurement policy:** The facility should have a clear procurement policy that outlines how supplies and equipment are purchased, who is responsible for purchasing, and how often purchasing occurs.
3. **Forecasting policy:** The facility policy for forecasting future supply needs is based on past consumption and projected patient volumes and population.
4. **Reordering policy:** The facility will reorder supplies quarterly and how much to order to prevent overstocking or stock outs.

5. Stock management procedures: Procedures are electronically established for receiving and inspecting incoming stock, storing stock appropriately, and issuing stock to staff.
6. Reporting procedures: The facility have clear reporting procedures for inventory levels, stock outs, and any issues related to supply chain management through eLIMS
7. Emergency preparedness policy: The facility have a policy for managing emergency situations, such as natural disasters or sudden increases in patient volumes, which may require additional supplies.
8. Staff training: All staff members involved in supply chain management are trained yearly on policies and procedures to ensure that they are followed consistently .

By implementing these policies and procedures, primary healthcare facilities can help prevent stock outs and ensure that they have the necessary supplies to provide quality care to their patients.

## **STANDARD OPERATING PROCEDURE FOR PATIENT CARE**

### **I. REGISTRATION**

- F. The Staff greets clients upon entry and tries to establish rapport to the patient
- G. The staff prepares the family record of new patients or retrieves record of old clients
- H. The staff elicits and records the client's chief complaint and clinical history
- I. The staff performs physical examination on the clients and record it accordingly

### **II. WAITING TIME**

- D. The staff gives priority numbers to patients
- E. "First come first serve policy" is implemented except for emergency or urgent cases.

### **III. TRIAGING**

- D. The trained staff (nurses and midwives) manages program-based cases.
- E. The staff all non-programs based cases to the physician. Nurses and midwives provide palliative care to patients in the absence of the physician.
- F. The staff provides first-aid treatment to emergency cases and refers when necessary to the next level of care.

#### **IV. CLINICAL EVALUATION**

- D. The staff validates clinical history and physical examination
- E. The staff arrives at evidence-based diagnosis and provides rational drug treatment based on DOH programs and other acceptable treatment algorithms.
- F. The staff informs the client on the nature of the illness, appropriate treatment, and prevention, and control measures.

#### **V. LABORATORY EXAM**

- A. The staff ensures the availability of the following diagnostic examination at the RH:
  - a. Sputum examination for AFB
  - b. li. Complete blood count
  - c. lii. Platelet count
  - d. Iv. Blood typing
  - e. V. Urinalysis
  - f. VI. Fecalalysis
  - g. Vii. Malarial smear



## **1.INTRODUCTION**

Pototan Rural Health Unit provides a sanitary environment to avoid source and transmission of infectious and communicable diseases. Since the RHU is responsible for the performance of its employees, the importance of providing adequate periodic training and supervision of the personnel in proper infection control practices cannot be overemphasized. Every accredited PCF is required to have an Infection Control Committee tasked to manage a facility-wide infection control program. The responsibility of the PCF in control of infection extends to its patients, personnel and visitors.

## **2. OBJECTIVE**

- a. To enhance and increase awareness of healthcare workers on the practice of infection control through continuous education, and training, programs and information dissemination and practical application in the workplace.
- b. To design relevant infection control education and training modules that will enhance knowledge and competence of healthcare workers in the practice of infection control.
- c. To implement infection control policies and procedures recommended and monitor its implementation.
- d. To protect healthcare workers through education and immunization and other prevention programs.
- e. To increase compliance to infection control practice of healthcare workers.

## **3. INFECTION CONTROL SECTION FOR CONSULTATION AREA**

### **A. PROCEDURES:**

#### **a. TRIAGE: Nurse or Midwife**

1. Upon consultation take steps to ensure all persons with symptoms of suspected COVID-19 or other respiratory infections ( e.g. fever, cough) adhere to cough etiquette and hand hygiene.
2. Undertake screening of persons with cough that lasted for two weeks or more for those who are below 60 years old and a current cough for those who are 60 years old and above as they enter the health center and before they join the queue or have a seat with others.

#### **b. SEPARATION: Nurse or Midwife**

1. Undertake screening of persons with cough as they enter the health facility.
2. Physically separate infectious and potentially infectious individuals from others.

3. Separate Presumptive TB and Confirmed TB patient in a designated place which is at the DOTS area.

#### **4. FUNDAMENTALS OF STANDARD PRECAUTIONS**

a. Handwashing

Handwashing is the single most important measure to reduce the risks of transmitting microorganism from one patient to another, or from one site to another, on the same patient.

- b. This should be before and between contact with patient and after contact with blood, body fluids, secretions and equipment or articles contaminated by them.

c. GLOVING

Done to provide protective barrier and prevent contamination of the hands when touching blood, body fluids, secretions, excretions, mucous membranes, and non-intact skin; to reduce microorganisms present on hands of personnel performing invasive or other patient care procedure that involves touching patient's mucous membrane and non-intact skin; and reduce the spread of microorganism from one patient to another through bare hands

d. MASK, RESPIRATORY PROTECTION, EYE PROTECTION, FACE SHIELDS

Worn alone or in combination to provide barrier protection. Mask should cover both the nose the mouth; goggles or face shield should be worn by the hospital personnel during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions to provide protection of the mucous membranes of the eyes, nose, and the mouth from contact transmission of pathogens.

e. GOWNS

Put on a clean gown and change the gown if it becomes soiled.

#### **5. CARE OF EQUIPMENTS AND ARTICLES**

Contaminated reusable medical devices or patient-care equipment are sterilized or disinfected after use to reduce the risk of transmission of microorganisms to other patients. Equipments contaminated with blood, body fluids, secretions or excretions should be cleaned and disinfected after use according to the facilities policy on contaminated disposable patient-care equipment. These should be handled and transported in a manner that reduces the risk of contamination of microorganisms and decrease environmental contamination. The equipment should be disposed according to the facility's policy and regulation.

#### **6. CONTACT PRECAUTIONS**

Designed to reduce of transmission of epidemiologically important microorganisms by direct

or

Indirect contact.

Direct contact refers to the physical transfer of microorganisms to a susceptible host from an infected or colonized individual.

Indirect contact refers to the transmission which involves contact of a susceptible host with contaminated intermediate object, usually inanimate in the patient environment.

Contact precaution applies to specified patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct or indirect contact.

Use contact precautions for patient with gastrointestinal, respiratory, skin or wound infections or colonization with multi drug-resistant bacteria such as:

Enteric infections: Escherichia coli, Shigella, Hepatitis A, Salmonella, Skin infection that are contagious or that may occur on dry skin including:

Diphtheria (cutaneous)

Herpes simplex-virus (neonatal or mucocutaneous)

Major (non-contained) abscess, cellulitis, or decubili

Pediculosis

Scabies

Staphylococcal furunculosis in infants and young children

Zoster (disseminated or in the immunocompromised host)

Viral/Hemorrhagic conjunctivitis

HIH/AIDS

## 7. TRANSMISSION BASED PRECAUTIONS

Transmission Based Precautions are additional designed for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond standard precautions are needed to interrupt transmission in the facility. There are three types of transmission base precautions: Airborne, Precautions, Droplet Precautions, and Contact Precautions.

### a. Airborne Precautions

Designed to reduce the risk of transmission of infectious agents.

Airborne transmission occurs by dissemination of either airborne droplet nuclei or dust

particles containing the infected agent. Microorganisms carried in this manner can be widely dispersed by air currents and may be inhaled by or deposited on a susceptible host within the same room or carried over a longer distance from the source patient depending on environmental factors. Therefore, handling and ventilation are required to prevent airborne transmission.

Airborne precautions apply to patients known or suspected to be infected with epidemiologically Important pathogens that can be transmitted by the airborne route.

Airborne precaution is applied for patients known or suspected to have serious illnesses such as :

Measles

Varicella/Zoster

Tuberculosis (Pulmonary, caseating open lesions)

SARS

## 8. DROPLET PRECAUTIONS

Designed to reduce the risk of droplet transmission of infectious agent.

Droplet infection involves contact of the conjunctivae or the mucous membranes of the nose or mouth of susceptible person with large particle droplet containing microorganisms generated from person who has clinical disease or who is a carrier of the microorganism.

Transmission via large particle droplet requires close contact between source and recipient persons because droplets do not remain suspended in the air and generally travel through the air only distances through the air only to distances of three feet or less.

Droplet precautions apply to any patient known or suspected to be infected with epidemiologically important pathogens that can be transmitted by infectious droplet.

Use droplet precautions for patients known or suspected to have serious illnesses transmitted by large particle droplets such as:

### SARS

- Invasive Haemophilus influenza type B disease, including:
- Meningitis
- Pneumonia, Epiglottitis

Invasive Neisseria meningitides, including:

- Meningitis
- Meningococemia
- Diphtheria (pharyngeal)
- Pertussis
- Streptococcal pharyngitis
- Influenza

Serious Viral Infections spread by droplet transmission, including:

- Adenovirus
- Influenza
- Mumps
- Rabies

## 9. IMPLEMENT ENVIRONMENTAL INFECTION CONTROL

1. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
2. All surfaces in the consultation area must be clean before the start of work and be decontaminate after work is done with 10% Lysol solution.
3. Clean with 10% hypochlorite solution, Lysol or chlorine whichever is available.

## 10. SURVEILLANCE

- a. Surveillance is one of the most important elements in an infection Control Program and is defined as a method of monitoring ongoing events and being watchful of activities and occurrences of events that are pertinent to effective control. Complete surveillance is necessary in order to accomplish all elements of an Infection Control Program.
- b. Surveillance of clients for infection shall be done to identify baseline information about the frequency and type of endemic infection in order to permit rapid identification of deviations. All significant clusters of infection above the expected level shall be investigated. Surveillance will be aimed at assessment/observation and early recognition of signs and symptoms of infections, monitoring, analyzing, reporting, and follow-up.
- c. Surveillance activities shall include not only clients but also personnel, the environment. Procedures. And any activity that would be identified as impacting on infections or health risk for the population of the facility.

**10.1 TYPES OF SURVEILLANCE**

- a. Prospective: Incidences that have occurred in the past. Monthly infections control reports are based upon this type.
- b. Retrospective: Incidences that have occurred in the past. Monthly infections control reports are based upon this type.
- c. Prevalence: Incidence that are occurring now.

**10.2 METHODS OF SURVEILLANCE**

- a. Surveillance of all clients or occurrences at all times.
- b. Total surveillance is utilized to obtain pertinent baseline data.
- c. Surveillance of a selected population group, ex. Laboratory-based, high-risk population, infections in a particular site such as UTI.
- d. Targeted or selective surveillance is done when specific problems are identified or infections in a particular site are elevated above expected level.
- e. Surveillance done at specific time: ex. Prevalence studies. Environmental studies.

**CONSULTATION PROCEDURES**

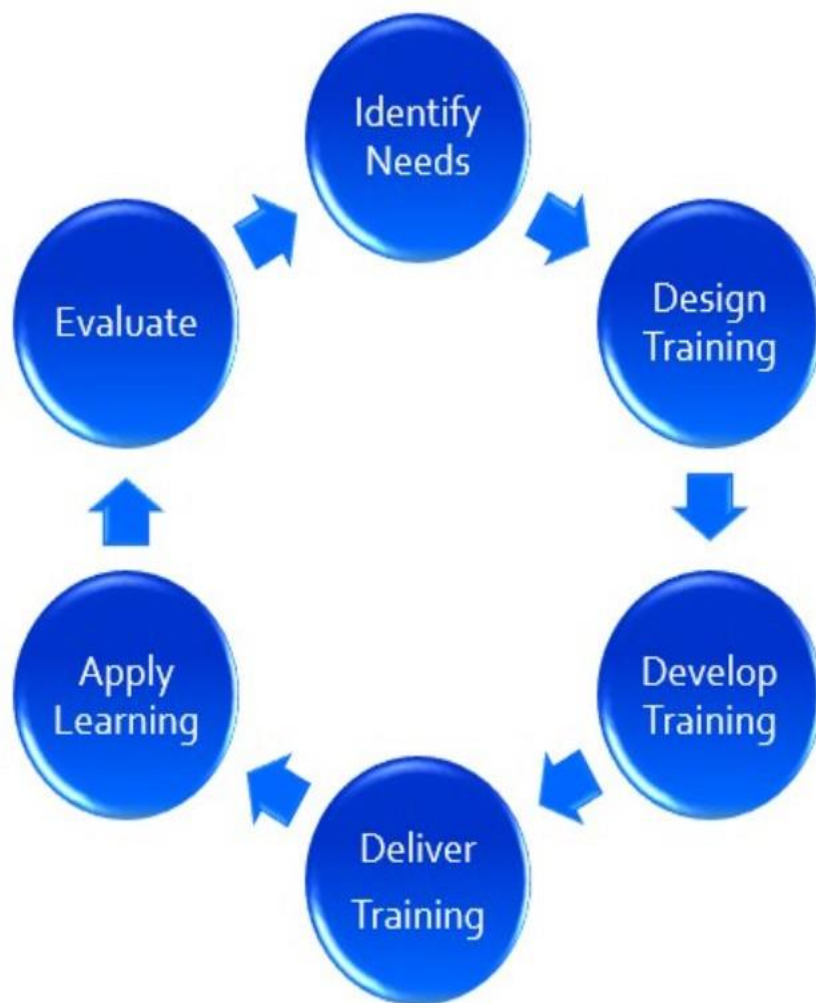
DESCRIPTION	PERSON RESPONSIBLE	INTERFACE/FORM/DOCUMENT
1. Classify patient as presumptive and confirmed TB patient from Non-TB patient. Determine appropriate service.	Nurse/Midwife	Individual Treatment Record (ITR)

<p>2. Preparation of ITR  2.1 for new patients:  make patient fill-up a data form.  Then on-duty make an ITR.  2.2 For old patients:  Retrieve patient's ITR.  2.3 Issues priority number  To patients.</p>	<p>Nurse/Midwife</p>	<p>ITR</p>
<p>3. Vital Signs</p>	<p>Nurse/Midwife</p>	<p>ITR</p>
<p>4. Medical examination/Evaluation of the patient.  4.1 Orders/Issues  Laboratory requests and prescribes medicines, treatment, diagnostic and procedures.</p>	<p>Physician</p>	<p>ITR  Referral Form  Laboratory Request  Prescription</p>
<p>5. Facilitates Medical Orders/Requests</p>	<p>Nurse/Midwife</p>	<p>ITR  Referral slip</p>
<p>6. Discharges patient and provides health education and home instructions.</p>	<p>Nurse/Midwife</p>	<p>ITR</p>

## VII

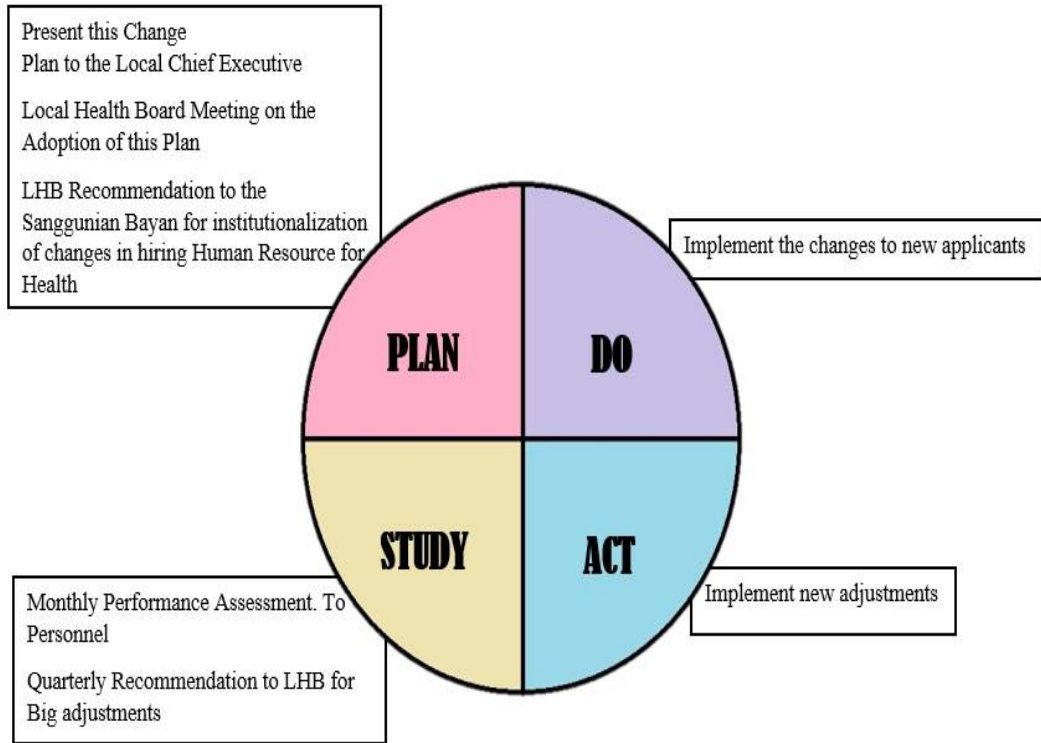
### CONTNOUS QUALITY IMPROVEMENT

RETOOLING PATHWA In the past improvements had been focused on the technical aspect of the program implementation losing focus on the needs of each personnel resulting to inefficient output over the years. This instrument called training cycle will provide a systematic approach to the development, delivery and continuous improvement of the training program. To help ensure that desired health outcomes

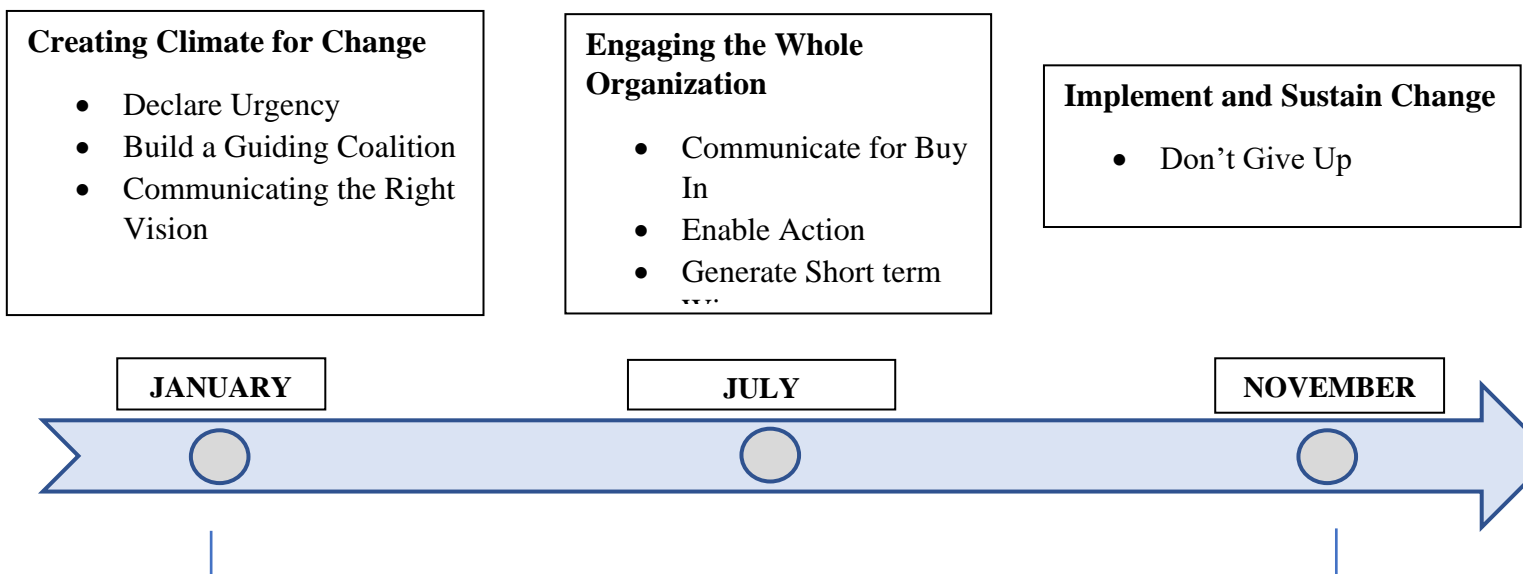


will be realized.

## SUSTAINING CHANGES



## TIMELINE





**PLAN - DO - STUDY - ACT**

**SUMMARY**

1. The Rural Health Unit under the Local Government Unit is the service arm of the government.
2. There is a need for a good human resource management in order to deliver effectively government service.
3. Poor Human Resource Management results to cycles of inefficiencies in the government. Hiring the Right People is the Key.
4. Through this Change Plan clarity of roles can be addressed and ownership of the engagement.
5. Human Resource Experience is the key to motivation either in this period of VUCA or in the future new normal.

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