

Strengthening Health Emergency Management System through the ILHZ



1

Objectives:

By the end of the session, the participants will be able to:

- Identify their roles in HEM
- Identify and discuss the strategies in HEM implementation in the context of the ILHZ

3

Outline of Presentation

- Health Emergency Management Staff
- Legal Basis and Policies on Networking and Coordination during Emergencies and Disasters
- Strategies of HEM Implementation



Module 6, Session 4

Health Emergency Management Staff (HEMS)



Health emergency management arm of DOH

4

Mission: to ensure a comprehensive & integrated Health Emergency Management Sector

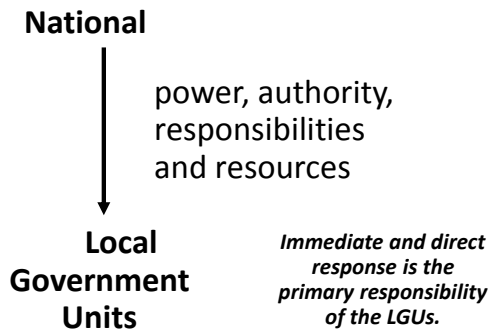


Goal: To prevent or minimize loss of lives during emergencies and disasters

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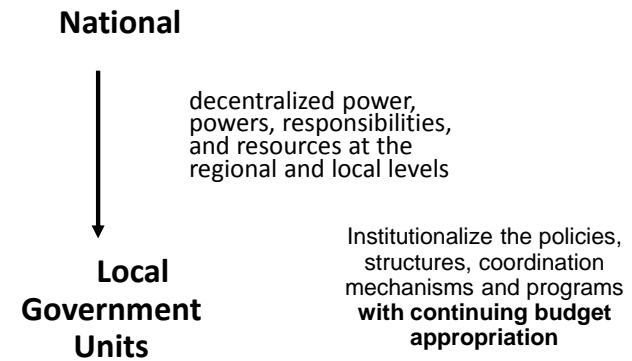
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Republic Act No. 7160 (Local Government Code of 1991)



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RA 10121 “Philippine Disaster Risk and Reduction Management Act”



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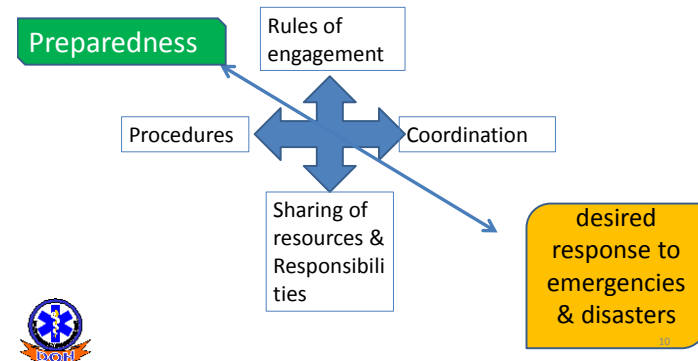
RA 10121 “Philippine Disaster Risk and Reduction Management Act”

➤ Seventy percent (70%) of the LDRRMF (Not less than 5% of (the estimated revenue from regular sources) for:

- ✓ for preparedness
- ✓ trainings
- ✓ purchase of life-saving rescue equipment
- ✓ supplies and medicines
- ✓ for post-disaster activities
- ✓ payment of premiums on calamity insurance and
- ✓ construction of evacuation centers

9

AO 168 s. 2004 “National Policies on Health Emergencies and Disasters”

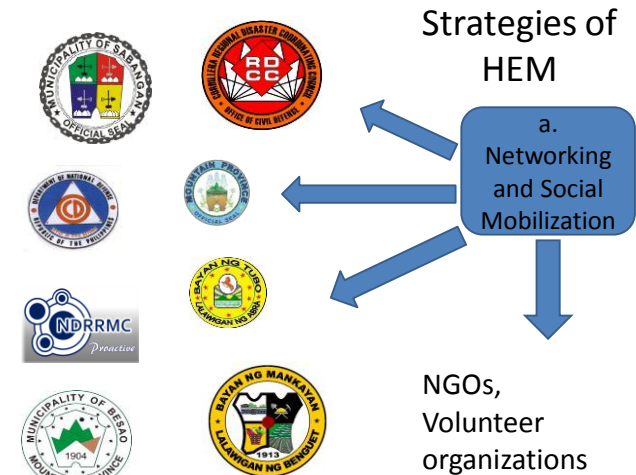


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Response to emergencies and disasters is not a monopoly of any institution



Module 6, Session 4



12

b. Drugs, medicines, supplies Augmentation

- From LGU to LGU thru the ILHZ
- Stockpile at the ILHZ office



13

c. Human Resource Augmentation



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Basic Life Support (BLS)) Training mandatory for all health workers (AO 155 "Implementing Guidelines for Managing Mass Casualty Incidents During Emergencies and Disasters")





AO 155: All response teams shall have additional training in Emergency Medical Technician's Course – Basic and Mass Casualty Management.



Bontoc Emergency Response Team (BERT) – CHICO River ILHZ, Sabangan



5

Lubuagan, Pasil, Tinglayan Responders



RA 10121: Sect 13 - Accreditation, Mobilization and Protection of Disaster Volunteers and National Service Reserve Corps, CSO and Private Sector

- Government agencies, CSOs, private sector and LGUs may:
1. mobilize individuals or organized volunteers to augment personnel and logistical requirements;
 2. shall take full responsibility for the enhancement, welfare and protection of volunteers
 3. Shall accredit and submit list of volunteers to OCD through the LDRRMO inclusion in the database of community disaster volunteers

Cont . . Sect 13 - Accreditation, Mobilization and Protection of Disaster Volunteers, NSRO, CSO & PS

4. Maintain roster of ACDVs, NSROs, CSO and private sector
 5. Mobilize volunteers in accordance with the guidelines formulated by NDRRMC
- Any **volunteer** who dies or is injured while engaged in DRR activities shall be entitled to **compensatory benefits** and individual personnel accident insurance as provided for in the guidelines

21

Memorandum #13 s. 1998 - Amended Policies and Procedures on the Provision of Financial Assistance to Victims of Disaster

*Coverage: Disaster victims who died or got injured during the occurrence of a natural disaster

*Exception: Victims of man-made disasters such as fires, vehicular accidents, grenade/bombing incidents, armed conflicts, air/sea mishaps, unless directed or approved by the Pres. Of the Phil. Upon recommendation of the NDRRMC

*Amount: Php 10,000.00 for dead victims and
Php 5,000.00 for injured victims

22

Surveillance of Emergencies and Disasters



LGU shall register all civilian group volunteers/rescue units before dispersal to affected area/s

23



24

Health Information



In times of disaster, the established communication networks shall be used in the dissemination of info & other updates at all levels; guided by the proper protocol on confidentiality of reports (AO 168, 155)

25

7

Reminders

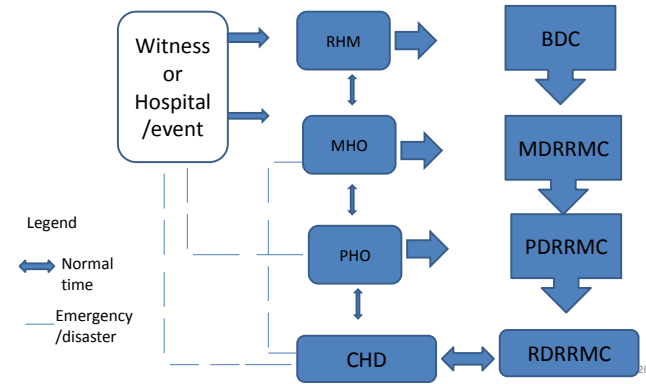
- Casualty – victims both dead and injured, physically and/or psychologically
- Mass Casualty Incident (MCI) – any event resulting in a number of victims large enough to disrupt the normal course of health care services (AO 2010-0029 – 10 or more)



27



Flow of Reporting in Emergencies and Disasters



Together, we can do it!!

DOH CHD CAR Hotline 0920-9382585

28