



*Republic of the Philippines*  
**OFFICE OF THE CITY MAYOR**  
**QC DISASTER RISK REDUCTION AND MANAGEMENT OFFICE**  
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**CHECKLIST**  
**Hospital Category**  
**QC Green Awards 2024**

Name of Nominee: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ Category: \_\_\_\_\_

Areas for Assessment	Indicator	MOV	Score	Max Points	Validator score	Comments/ Recommendations
<p><i>The QC DRRMO adopts the three (3) categories based on hospital classification, as follows:</i></p> <p>1) <i>National - this includes hospitals under the national government, DOH, Department of Justice (DOJ), State Universities and Colleges (SUCs), Government- Owned and Controlled Corporation (GOCC) and different levels of government hospitals, as well as the Special Hospital, that specializes in a particular disease or condition, e.g., Philippine Heart Center, National Kidney, and Transplant Institute, among others.</i></p> <p>2) <i>LGU - this includes hospitals under the local government, i.e., Province or District; and</i></p> <p>3) <i>Private - Levels 1, 2, and 3 hospitals</i></p>						
<b>I. Disaster Risk Reduction and Management in Health (DRRM-H) Institutionalization</b>						
A. Are there hospital policies on Disaster Risk Reduction and Management in Health (DRRM-H)?				<b>40 Points</b>		
A.1. Hospital issuance / order adopting national policies related to DRRM-H	Issued document adopting policies on DRRM-H	Signed hospital order	1	4		
A.2. Hospital issuance / order designating a Hospital DRRM-H Unit together with structure and functions	Designated DRRM- H Unit	Signed hospital order citing composition and functions of DRRM-H Unit	1			
A.3. Hospital issuance / order designating the DRRM-H Manager / Coordinator and Assistant DRRM-H Manager / Coordinator	Designated DRRM- H Manager and Assistant	Signed hospital order indicating assignment of DRRM-H Manager and Assistant	1			
A.4. Hospital issuance / order establishing the Operation Center together with its functions	Established Opcen	Signed hospital order establishing the Opcen	1			
B. Is there an updated, approved, funded, disseminated, and tested DRRM-H Plan?						
B.1 Plan is updated, funded and approved by the Head of the Hospital / Local Chief Executive (every 3 years)	DRRM-H Plan	Approved and signed DRRM-H Plan no more than 3 years old	1	2		
B.2. Plan has been disseminated	Conducted of dissemination activities	Attendance, Minutes of Meeting, Photo Documentation	1			
B.3. DRRM-H Plan contain the following:						
B.3.1. General information of the hospital including hospital profile, (ownership, functional capacity, bed capacity), general description, geographical description, treatment and operating capacity, hospital statistics and other planning information and data	Complete DRRM-H Plan	Approved and updated DRRM-H Plan	1	12		
B.3.2. Hazard Vulnerability Assessment			1			
B.3.3. Risk Assessment			1			
B.3.4. Hazard Map (Internal and External)			1			
B.3.5. Prevention and Mitigation Plan			1			
B.3.6 Preparedness Plan			1			
B.3.7. Response Plan			1			
B.3.7.1. Management of the event / incident			1			
B.3.7.2. Management of Victims	1					

B.3.7.3. Management of Service Providers			1			
B.3.7.4. Management of Non-Human Resources			1			
B.3.7.5. Management of Information System			1			
B.3.8. Recovery and Rehabilitation Plan			1			
<b>C. Are there organized Health Emergency Response Teams (HERTs)</b>						
C.1. Hospital issuance / order designating Health Emergency Response Team (HERT) with roles and functions	Health Emergency Response Teams	Hospital order identifying members of HERTs with roles and functions	1	2		
C.2. Hospital issuance / order for immediate dispatch of teams and personnel recall in times of emergencies	Deployment Order and SOP of HERTs	Hospital order, standing instructions for deployment of HERTs	1			
C.3. DRRM-H manager / coordinator and HERT members are trained on	Trained DRRM-H Manager and HERT Members	Training certificates, IDs				
C.3.1. Hospital Safe from Disaster			1	10		
C.3.2. Basic Life Support		To get point atleast 50% of HERTs trained (1pt)	1			
C.3.3. Advance Cardiac Life Support			1			
C.3.4. Standard First Aid		To get point atleast 50% of HERTs trained (1pt)	1			
C.3.5. Emergency Medical Technician's Course			1			
C.3.6. Mass Casualty Management			1			
C.3.7. Health Emergency Response Operation (HERO) Training			1			
C.3.8. Surveillance in Post Extreme Emergencies and Disasters (SPEED)			1			
C.3.9. Incident Command System			1			
C.3.10. Risk Communication					1	
<b>D. Are there essential Health Emergency (HE) Commodities</b>						
D.1. Hospital maintains an updated inventory and adequate stockpile of HE commodities including medicines and medical supplies for emergency / disaster response activities	Adequate stock and inventory of health commodities for disaster response activities	Inventory List Allocation List Photos	1	5		
D.2. ER contains essential drugs, medicines, supplies and equipment to cover at least 72 hours	Adequate commodities at ER	Inventory List Allocation List Photos	1			
D.3. Hospital has mechanism for coordination and collaboration for mobilizing commodities for emergency and disaster such as MOA/MOU with local suppliers, and utility providers	Mechanisms for resource mobilization	Hospital order / SOP for resource mobilization (1 pt) MOA / MOU or framework agreement from suppliers / providers (1 pt)	2			
D.4. Availability of funding to procure commodities and support operations	Availability of funds	Work and Financial Plan	1			
<b>E. Is there a functional Operation Center?</b>						
E.1. OpCen is capable of Command and Control. Is there a hospital issuance / order to support ICS organizational structure?	Established and functional OpCen	Hospital Order	1	5		
E.2. There is a coordination mechanism (intra and inter networks) with partner facilities complete with forms and reports reflecting monitoring, resource mobilization and pre/post deployment coordination?		SOP / MOP Reporting Forms Logbooks	1			
E.3. There are available means of communication with back-up for redundancy	ICT equipment and systems	ICT equipment Photos	1			

E.4 There is a dedicated Operation Center (OPCEN) with designated staff	Dedicated space for Opcen	Floor Plan Photo	1			
E.5. OPCEN is operational on 24/7 schedule	24/7 Opcen services	Schedule of duty	1			
SUBTOTAL						
<b>II. Emergency / Disaster Response Capacity and Accomplishment</b>						
A. There is an existing capacity to manage surge of patients					<b>20 points</b>	
A.1. There is a pre-identified and designated area / space for triaging	Identified space for triaging and admitting of patients	Floor plan Photos	1	5		
A.2. There is a pre-determined area to admit / accommodate influx of patients			1			
A.3. There is an existing referral system of patients to other facilities	Established referral system or pathway	Hospital order, SOPs for referral with identified health facilities	1			
A.4. There is an existing emergency procurement process for logistics demand	Existing process of emergency procurement for logistics	SOPs or documents to support emergency procurement of goods and services	1			
A.5. There is a pre-determined source for resource augmentation	Resource mapping of partners and supplies	List of providers Agreements with partners and suppliers	1			
B. There is an established health emergency network						
B.1. The hospital has an established hospital / emergency network	Established referral network	Hospital order	1	5		
B.2. There is a list of its network members with corresponding contact information		Updated list of members	1			
B.3. Hospital has conducted and / or participated in networking activities	Networking activities	Minutes of meeting Documentation of activities Conduct/host networking activity/ies (1 pt) Participated in networking activity/ies (1 pt)	2			
B.4. There are valid / signed MOAs / MOUs with partner agencies / hospitals	Strengthened partnerships	MOA / MOU	1			
C. Accomplishment on Emergency / Disaster Response						
C.1. Has a list of emergencies / disasters /planned events attended or responded in the last three (3) years	Responded Events	List of attended / responded events Documentation Within hospital response (1 pt) Outside hospital response (1 pt) Participation in planned events (1 pt)	3	10		
C.2. Has Post Mission Report that indicates services and impact of services provided during response	Response activities properly documented with Post Mission Reports	Post Mission Reports covering only evaluation year Presence of Post Mission Reports / PIE conducted (1 pt) All response activities have Post Mission Reports / PIE conducted (1 pt)	2			
C.3. Post Incident Evaluation (PIE) was conducted after each response	Conduct of PIE after each response	Minutes of PIE Photos	2			

C.4. Lessons and best practices during PIE were documented and utilized in updating DRRM- H Plan	Lessons from PIE used to update DRRM-H Plan	Key agreement in PIE PIR and DRRM-H Plan updating Documentation of best practices (1 pt) Conduct of PIR incorporating lessons and best practices (1 pt) Updating of DRRM-H plan based on PIE / PIR results (1 pt) Reports to cover the last 3 years	3				
SUBTOTAL							
<b>III. Hospital Structural and Non-Structural Safety Indicators</b>							
<b>A. Structural Safety</b>					<b>20 points</b>		
A.1. Self-assessment was conducted using the Hospital Safety Index (HSI) Tool	Conduct of self-assessment using the HSI Tool	Hospital Safety Index (HSI) Tool With HSI tool (1pt) Updated HSI tool (1pt)	2	5			
A.2. Compliance to provisions of the National Structural Code of the Philippines	Safe Hospital Facility	Inspection Report Certificate of Occupancy	2				
A.3. There is no evidence of deterioration such as cracks (3 mm or more), sinking / misaligned structural elements (column, beam, slab), excessive deformation (steel and wood) and rust		Documentation Photos	1				
<b>B. Non-Structural Safety</b>							
B.1. Doors, exits and entrances of critical areas are free of obstacles and wide enough (not less than 115 cm); doors in corridors are double swing; doors in fire exits are fire rated door as required	Safe Hospital Facility	Documentation Photos	1				
B.2. No falling hazards: railings and parapets to stairways, corridors and walkways inside and outside the hospital, as well as roof access and roof perimeters are in good condition. Railings are 1.2 meter high			1				
B.3. Stairways and ramps are in good condition with no obstacles, entrance ramp has a ratio of 1:12			1	15			
B.4. Flooring is watertight, non-slip and free from cracks especially in critical and high-traffic areas			1				
B.5. Hospital is located along well-paved road and readily accessible			1				
B.6. All exits and evacuation routes are clearly marked and free of obstacles with separate ingress and egress routes with appropriate directional signs			1				
B.7. Hospital is secured with gates and perimeter fence			1				
B.8. Alternate source of electricity / power generator starts automatically in less than 10 seconds and has the capacity to meet 100% of demand in critical areas			1				
B.9. Water storage tanks have a permanent reserve that is sufficient to provide water for at least 72 hours			1				

B.10. Electrical system is in conformity with the Philippine Electrical Code (PEC) requirements for health facilities and with Fire Safety Permit including Fire Safety Inspection Clearance		Certification from LGU Fire Safety Permit and Fire Safety Inspection Clearance	1			
B.11. Proper health care waste segregation and use of color-coded containers; proper treatment, collection and transport with Self-Monitoring Report (SMR) and disposal are practiced. Has properly maintained Central Waste Storage Area and PPEs for waste handlers		SOP on IPPC, Waste Segregation Documentation Photos Practice of waste segregation (1 pt) Conduct of SMR and treatment, collection and transport and disposal (1 pt) Presence of Central Waste Storage Area (1 pt)	3			
B.12. Has fuel reserve or storage tanks of adequate size and safety that is sufficient to meet the demand of the hospital for at least 72 hours		Documentation Photos	1			
B.13. Storage areas for medical gas is in good location, well ventilated, well illuminated, accessible to authorized personnel, well-secured and with protective measures			1			
SUBTOTAL						
<b>IV. Hospital Functional Indicators</b>						
A. Hospital response plan as well as hazard-specific plans are tested regularly through drills and simulation exercises; plans are evaluated and updated as appropriate				<b>20 points</b>		
A.1. Conduct of drills and simulation exercises						
A.1.1. Earthquake drills and tsunami drills are conducted at least four (4) times a year	Conduct of Earthquake drills	Attendance Evaluation Report Documentation Photos 1 pt per quarter max of 4 ***Not necessarily entire hospitals will conduct the drills (sectors / section are allowed)	4	9		
A.1.2. Fire drills / fire evacuation drills are conducted at least twice (2x) a year	Conduct of Fire drills	Attendance Evaluation Report Documentation Photos 1 pt per conduct max of 2	2			
A.1.3. Drills and simulation exercises are conducted in accordance with guidelines developed	Conduct of drills and simulation exercises	SOPs	1			
A.1.4. Conducts evaluation of drills and simulation exercises	Evaluation of drills of simulation	Evaluation form Documentation photos	2			
A.2. There is an approved and disseminated Public Service Continuity Plan / Business Continuity Plan	PSCP	Approved PSCP Documentation photos of dissemination activities Approved PSCP / BCP /CPs (1 pt) Dissemination activities (1pt) *** Private hospitals may opt no to conform with NDRRMC / OCD templates for CP and BCP	2	4		

A.3. There is an approved and disseminated Contingency Plan for each identified hazard	CPs	Approved CPs Documentation photos of dissemination activities Approved PSCP / BCP /CPs (1 pt) Dissemination activities (1pt) *** Private hospitals may opt no to conform with NDRRMC / OCD templates for CP and BCP	2			
A.4. Procedures are in place to ensure availability and access to ambulances and other vehicles for movement of patients, staff, equipment and logistics during an emergency or disaster	Safe and Functional Hospital Facility	SOP for disaster response	1	7		
A.5. Procedures are in place to ensure provision of food and drinking water for patients and personnel for at least 72 hours during emergencies and disaster			1			
A.6. Hospital has a specific budget and access to funds for use in response to emergency / disaster situations as well as for recovery		Work and Financial Plan	1			
A.7. Hospital issuance indicating criteria for receiving and referring patients during an emergency / disaster		Hospital issuance for referral of patients	1			
A.8. Has infection prevention and control program with policies, procedures and measures in place		Hospital IPPC protocols Documentation photos	1			
A.9. Has the capacity of decontamination, PPEs available for trained personnel		SOPs Documentation photos	1			
A.10. Has emergency security procedure		SOP	1			
SUBTOTAL						

**Summary Sheet**

Criteria for Checking	MAX.	ACTUAL	Remarks, Recommendations and Suggestions
	SCORE	SCORE	
I. Disaster Risk Reduction and Management in Health (DRRM-H) Institutionalization	40		
II. Emergency / Disaster Response Capability and Accomplishment	20		
III. Hospital Structural and Non-Structural Safety Indicators	20		
IV. Hospital Functional Indicators	20		
<b>TOTAL</b>	<b>100</b>		

Adjectival Rating	Percentage
Excellent	91-100%
Very Good	81-90%
Good	71-80%
Needs Improvement	61-70%

Validated by:

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Name:	
Position:	
Agency:	
Date:	