



Republic of the Philippines  
**DEPARTMENT OF HEALTH**  
**CENTER FOR HEALTH DEVELOPMENT**  
Cordillera Administrative Region



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BGHMC Compound, Baguio City 2600  
Tel. /Fax Nos. (074) 442-8097 to 98    TRUNK LINE #s: (074) 442-8096, 443-4858, 443-4859, 442-7591    [www.caro.doh.gov.ph](http://www.caro.doh.gov.ph)

**I. FACILITY INFORMATION**

Name of Health Facility: \_\_\_\_\_

Address : \_\_\_\_\_

Health Facility Manager/Head: \_\_\_\_\_

Contact No. (Landline) : \_\_\_\_\_

Cellular Phone No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Initial : \_\_\_\_\_ No. of Beds: \_\_\_\_\_

Renewal : \_\_\_\_\_ Certificate No.: \_\_\_\_\_

### Annex A. Temporary Treatment and Monitoring Facility Checklist

Standard Requirement	Means of Verification	Compliance (Y/N)	Remarks
<b>LOCATION AND PHYSICAL PLANT</b>			
<b>Accessibility to referral hospital</b>	Must be within <b>2 hours</b> to a <b>higher level</b> facility capable of receiving suspect, probable, and confirmed COVID-19 patients.		
<b>Easement</b>	Adequately isolated either by distance from the community or by fence		
<b>Provision of safe and effective environment</b>	Temporary treatment and monitoring facility must be fully enclosed.  For PDL Dedicated Areas, TTMFs must be secured with the help of PNP/BJMP, and areas reinforced by bars.		
<b>Signage</b>	Proper signage identifying the premises as "accredited" TTME/CIU/LIGTAS COVID once accredited.		
<b>Separate entrance and exits for patients and staff</b>	There should be a separate entrance and exit for the patients and healthcare workers		
<b>Unidirectional Flow</b>	Unidirectional flow of foot traffic		
<b>Access</b>	Access is restricted to other unauthorized personnel		
<b>Zoning</b>	Provision of three (3) zones namely: <ul style="list-style-type: none"> <li>a. <b>Contaminated</b> zone serves as the area where patients are admitted/ contained;</li> <li>b. <b>Buffer zone</b> serves as an area for doffing of Personnel Protective Equipment (PPE), decontamination and hand hygiene;</li> <li>c. <b>Sterile zone</b> serves as holding area and</li> </ul>		

	entrance for healthcare workers and the area for PPE donning of health workers.		
<b>Plumbing Fixtures requirement/ Toilets</b>	<p>Provision of fixed or temporary plumbing fixture per person</p> <ol style="list-style-type: none"> <li>1 water closet: 25 males</li> <li>1 water closet: 20 females</li> <li>1 urinal: 10-50 males, with additional 1 fixture for every addition of 50 males</li> <li>1 lavatory: 10 males</li> <li>1 lavatory: 10 females</li> <li>1 shower: 8 persons</li> </ol> <p><i>for people isolated or quarantined but not classified as Confirmed Cases</i></p> <ul style="list-style-type: none"> <li>1:1 Ratio of toilet and Shower per patient</li> <li>Shared Toilet and Shower - disinfection after every use</li> </ul> <p><i>for Confirmed Cases (may share Toilets/Shower Room)</i></p> <ul style="list-style-type: none"> <li>1 Toilet per 20 patients</li> <li>1 Shower Room per 8 patients</li> </ul>		
<b>Staff toilet</b>	Separate toilet and shower rooms for health personnel		
<b>Laundry area</b>	Provision or access to laundry services		
<b>Food Preparation and/or Cooking Area</b>	With area for food preparation and/or storage		
<b>Other spaces</b>	<p>With consultation Area</p> <p>Available cabinet/area for medicines and supplies</p> <p>With access to board and Lodging for health personnel (Staff House)</p> <p>Separate room for male and female</p> <p>Presence of storage for cleaning or disinfection</p>		

	equipment inside isolation room Supply room for clean linens and PPEs located outside of the isolation area		
<b>Separation of case types</b>	For Confirmed Cases (May be cohorted) Partition must be provided for privacy.		
	Suspect, probable, and confirmed cases may be placed in 1 facility provided that they are placed in separate areas and adheres to the recommended patient placement.		
<b>Individual room</b>	Presence of room dedicated for single-patient room placement, with priority for probable and suspect COVID-19 patients and those with conditions that facilitate transmission (e.g. uncontained drainage, stool incontinence), and clearly labeled		
<b>Clearances</b>	Distance between patient beds maintained at least three (3) feet apart on all sides with partition of about 2 m height		
<b>Hallways</b>	Ensure delineation of direction of foot traffic in the hallway		
<b>Triage and screening</b>	Area for consultation or triage Screening personnel designated, trained and provided with appropriate PPE Presence of triage/screening checklist in triage area		
<b>Partitions</b>	Partition must have a minimum height of 2.4 m.		
<b>Furniture</b>	Needed furniture will depend on the management of the establishing entity		
<b>Basic Utilities</b>	Facility has uninterrupted access to the ff: - electricity - potable water source - sewer line Presence of potable drinking water		

	Ensure uninterrupted power supply.		
<b>Plumbing discharge</b>	Ensure that water from sinks and floor drains not discharged to public sewer lines		
<b>Telecommunication</b>	Presence of cellphones or any Means of Communication;		
<b>Fire safety</b>	Presence of emergency light in strategic location such as hallway and emergency exit doors  Presence of luminous directional emergency exit arrows and evacuation plan per cubicle  Presence of identified emergency exit door  Provision of fire extinguisher		
<b>Lighting</b>	Must have adequate lighting.		
<b>Ventilation</b>	Provision of at least fan ventilation.		
<b>Hand washing</b>	Soap, water and sink are available and accessible at all patient care areas		
<b>Health Care Waste Management</b>	Waste Segregation ( <i>including sharps container</i> ) Daily Garbage Collection Available Disinfecting Solutions Ensure presence of staging area where daily garbage collection is not feasible.		
<b>Waste segregation</b>	Color coded solid waste disposal bins and plastic bags, Touch free bins for waste disposal, contaminated bins should stay inside the isolation room		
<b>PERSONNEL</b>			
<b>Operations</b>	Ensure 24/7 Operation		
<b>Head of the Facility</b>	Operations shall be under the supervision of the City/Municipal Health Officer with an assigned facility manager when necessary.		
<b>Sanitation Officer</b>	1 Sanitation Officer		

<b>Physician</b>	At least one (1) Physician per shift. Facility Physician must be physically present or remote but accessible through telehealth 24/7		
<b>Nurse, Midwife and Nursing Aide</b>	Ideally at least two (2) will go on duty (one to provide direct patient care and the other to serve as supply personnel) 2 shifts / 24hrs		
<b>BHW/ Community Health Officer</b>	BHW or Community Health Volunteer (1) to assist nurse/ midwife in patient care 1 per shift		
<b>Data Manager</b>	1 data manager proficient with information and communication technologies; trained/guided by DOH on the use of its COVID-19 information system		
<b>Security &amp; maintenance officer</b>	Security Personnel and maintenance staff per shift		
<b>Additional Staff</b>	The LGU may provide the following additional personnel as the need arises. At least one (1) pharmacist per shift (1 pharmacist:100 patients)		
<b>Nutritionist/ Dietician</b> <i>(required but may be outsource)</i>	1 nutritionist-dietitian/MNAO/Nutritionist of referral hospital per day or on-call		
<b>Medical Social Worker</b> <i>(optional)</i>	1 social worker/MSWD per shift or on-call		
<b>Food Handlers</b> <i>(required but may be outsource)</i>	1 food handler to cater patients per shift or on-call		
<b>Pre-deployment orientation</b>	Pre-deployment orientation		

<b>Psychosocial intervention (protocol)</b>	BLS training required for all medical staff Doctors and Nurses are oriented on Clinical practice Guidelines in the management of COVID 19 cases		
<b>Risk assessment</b>	Risk Assessment (DC 2020-0106)		
<b>Orientation of Staff (included in the pre deployment)</b>	Direction on implementation of all required plans are reviewed and, disseminated to all staff (provide proof of orientation) Nursing attendant/Midwives are oriented on Infection Prevention and Control Protocol		
<b>PATIENT MANAGEMENT</b>			
<b>Patient Management (according to the DOH guidelines)</b>	Temporary treatment and Monitoring facility shall serve as facilities for: <ul style="list-style-type: none"> <li>● Suspect</li> <li>● Probable</li> <li>● Confirmed Covid-19 w/ mild symptoms, no comorbidities, and aged 18-60 years</li> </ul>		
	<ul style="list-style-type: none"> <li>● Outpatient services</li> <li>● Consultation for patients experiencing mild respiratory symptoms</li> <li>● Provision of supportive treatment and psychosocial service (for inpatients)</li> <li>● Treatment and monitoring services for suspect and probable cases with no optimal isolation space in their homes and confirmed COVID-19 patients with mild symptoms</li> <li>● Timely referral to appropriate health facilities as needed.</li> <li>● Presence of Directory of essential facilities/offices</li> </ul>		
	Policies and procedures on patient management including admission limitations i.e. only confirmed COVID-19 patients with mild		

	symptoms, no co-morbidities and aged 18-60 years old may be accommodated.		
<b>Provision of Basic Needs</b>	Provision of basic needs i.e. food, water, sanitation and communication.		
<b>Visitation/ Access</b>	Access of visitors shall not be allowed		
<b>Contingency Plan (optional)</b>	Policies/SOPs on contingency plans for staffing, logistics, procurement, security, disinfection, psychosocial support, risk communication, waste management, vermin control, transport of patients, and disasters are developed and cascaded		
<b>INFECTION CONTROL</b>			
<b>Infection Prevention and Control (IPC)</b>	Policies and procedures on infection prevention and control specifically for COVID-19.		
	IPC strategies in place to prevent infection transmission i.e. hand hygiene isolation precaution; PPE; decontamination, disinfection and sterilization; specimen collection; specimen handling, processing, packaging and transport; flow of patients suspected to be infectious and disposal of infectious body. (D.M. 2020-0072)		
<b>Personal Protective Equipment (PPE)</b>	Adequate and rational use of PPEs for health care workers i.e. surgical masks, gowns, goggles/ face shields and N95 respirators. For patients i.e. surgical masks. (refer to DM)		
<b>Disinfection</b>	Disinfection of Non-Critical Items and Environment (D.M. 2020-0167)		
<b>SUPPLIES AND OTHER RESOURCES</b>			
<b>Adequacy of supplies</b>	From DOH DILG JAO 2020-0001 <ul style="list-style-type: none"> <li>• Dedicated health workers for monitoring patients</li> </ul>		



	<ul style="list-style-type: none"> <li>• Proper PPEs for health workers (N95 mask, gown, gloves, rubber boots, face shield)</li> <li>• Dedicated non-critical patient-care equipment (eg: stethoscope, thermal scanner, or digital thermometer if the thermal scanner is not available, blood pressure cuff and sphygmomanometer) for each patient, if not, disinfect thoroughly before and after use</li> <li>• Individual hygiene kits for patients (mask, hand sanitizing supplies, soap, toothbrush, toothpaste, water dipper, toilet paper, nail cutter, hand/face towel, sanitary napkins or maternity pads, etc)</li> <li>• Oxygen support: oxygen tank, gauge, and cannula and, mask</li> <li>• Available source of food supply for patients</li> <li>• Maintenance medications are applicable (inquire for electronic prescription refill as per FDA issuance)</li> <li>• Supportive medications (eg paracetamol, lagundi, lozenges)</li> <li>• Access to emotional support from family by virtual means</li> </ul>		
<b>Individual Hygiene Kit</b>	Provision of individual hygiene kit for patients (Annex D of DOH-DILG JAO 2020-0001)		
<b>Diagnostic Services</b>	With access to a licensed secondary clinical laboratory and basic radiologic services		
<b>Ambulance/ Patient Transport</b>	As long as with access to any patient transport vehicle and as long as IPC is observed.		
<b>Policy on</b>	Policy/Guidelines on transporting patient is		

<b>transporting patients</b>	developed		
<b>Referral to Level 2 or 3 Hospital</b>	Referral Protocols in Place; Transfer Diagnostics (as needed) Coordination with a COVID-19 Referral Hospital		
<b>OTHERS</b>			
<b>Reporting (protocol, policies and procedures in reporting)</b>	Reporting to RESU (shall report using COVID 19 Information System every 5 PM.		
	Facility to register to Temporary Treatment and Monitoring Facility (TTMF) Tracker and adhere to daily and weekly encoding.		
	Facility should designate a dedicated Coordinator/ Data Manager that would update the DDC TTMF Tracker App.		
<b>Risk Communication</b>	Specific persons have been designated within the facility who are responsible for communication with public health officials and dissemination of information to other Health Care Providers (HPC) at the facility		
	Education provided to HCP on: a. Epidemiology of the disease b. Use of PPE (Donning and Doffing) c. Disposal of Infectious Waste d. Patient Triage and admission protocols e. Procedure for unprotected exposure of personnel/staff handling suspect, probable or confirmed cases in the facility f. Decontamination procedure and agents used  Posting of essential information in strategic locations within the TTMF area		



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Name of Health Facility: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**RECOMMENDATIONS:**

For Issuance of Certificate as a Temporary Treatment and Monitoring Facility/Ligtas COVID Center Community Isolation Unit

Validity from \_\_\_\_\_ to \_\_\_\_\_

Issuance depends upon compliance to the recommendations given and submission of the following within \_\_\_\_\_ days from the date of inspection

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Non-issuance, specify reason/s: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspected by:

Received by:

Printed Name                      Signature                      Position/Designation

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Date: \_\_\_\_\_



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Name of Health Facility: \_\_\_\_\_

Date of Monitoring: \_\_\_\_\_

**RECOMMENDATIONS:**

Issuance of Notice of Violation  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Non-issuance of Notice of Violation  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Others, specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Monitored by:

Printed Name	Signature	Position/Designation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Received by:

Signature:	_____
Printed Name:	_____
Designation:	_____
Date:	_____