



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

SEP 30 2020

ADMINISTRATIVE ORDER
No. 2020 - 0047

SUBJECT: Rules and Regulations Governing the Licensure of Primary Care Facilities in the Philippines

I. RATIONALE/BACKGROUND

Section 27.b of the Universal Health Care (UHC) Act or Republic Act (RA) No. 11223 states that, "The DOH shall institute a licensing and regulatory system for stand-alone health facilities, including those providing ambulatory and primary care services, and other modes of health service provision."

The Department of Health (DOH), through the Health Facilities and Services Regulatory Bureau (HFSRB) and Center for Health Development Regulation Licensing and Enforcement Divisions (CHD-RLEDs), already regulates stand-alone health facilities providing ambulatory services such as birthing homes, infirmaries, medical facilities for overseas workers and seafarers, ambulatory surgical clinics, and hemodialysis clinics.

As listed in the 2020 National Health Facility Registry, there are 2,592 rural health units (RHUs) classified as primary care facilities (PCFs) and are currently not being regulated by DOH. These PCFs shall deliver initial-contact, accessible, continuous, comprehensive and coordinated care to the communities they serve, as envisioned in the UHC Act. Thus, to fulfill the UHC goals in ensuring that only safe and quality primary care services are being delivered to every Filipino, PCFs will now be regulated and henceforth must comply with the licensing standards and requirements in this Order.

II. OBJECTIVE

This Order aims to set the guidelines and the minimum standards and requirements for licensing primary care facilities.

III. SCOPE

This Order shall apply to all government and private primary care facilities, and not to the outpatient departments of hospitals and infirmaries that deliver primary care services.

IV. DEFINITION OF TERMS

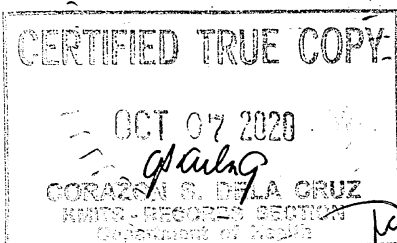
- A. Applicant – the natural or juridical person who is applying for a License to Operate or Certificate of Accreditation of a hospital or any other health facility.

CERTIFIED TRUE COPY

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Direct Line: 711-9502; 711-9503 Fax: 743-1829 • URL: <http://www.doh.gov.ph>; e-mail: fdunque@doh.gov.ph

OCT 07 2020
CORAZON A. DELA CRUZ
KMTS - RECORDS SECTION
Department of Health

- B. Assessment Tool – the checklist which prescribes the minimum standards and requirements for licensure or accreditation of health facilities.
- C. Department of Health-License to Operate (DOH-LTO) – a formal authority issued by DOH to an individual, agency, partnership or corporation to operate a hospital or other health facility.
- D. Department of Health – Permit to Construct (DOH-PTC) – a permit issued by DOH through HFSRB to an applicant who will establish and operate a hospital or other health facility, upon compliance with required documents prior to the actual construction of the said facility. A DOH-PTC is also required for hospitals and other health facilities with substantial alteration, expansion, renovation, increase in the number of beds, transfer of site, or for additional services (add-ons) beyond their service capability. It is a prerequisite for License to Operate.
- E. Health Facilities – refers to facilities or institutions, whether stationary or mobile, land based or otherwise, that provides any of the following services: diagnostics, therapeutic, rehabilitative, and other health care services except medical radiation facilities and hospital-based or stand-alone pharmacies.
- F. Individual-based health services – refer to services which can be accessed within a health facility or remotely that can be definitively traced back to one (1) recipient, has limited effect at a population level and does not alter the underlying cause of illness such as ambulatory and inpatient care, medicines, laboratory tests and procedures, among others (RA 11223).
- G. Initial Applications – refer to applications by newly constructed health facilities, or those with changes in the circumstances of the facility, such as, but not limited to, change of ownership, transfer of site, and increase in bed and major alterations or renovations.
- H. One-Stop Shop (OSS) Licensing System – a strategy of the DOH to harmonize the licensure of hospitals, their ancillary and other health facilities including, but not limited to, the clinical laboratory, HIV testing, drinking water analysis and drug testing; blood bank, blood collection unit and blood station; dialysis clinic; ambulatory surgical clinic; pharmacy; and medical x-ray facility; but excluding hospital-based Medical Facilities for Overseas Workers and Seafarers (MFOWS), hospital-based Drug Abuse Treatment and Rehabilitation Center, hospital-based Stem Cell Facility, facilities for kidney transplantation, and facility using radioactive material that are currently regulated by the Philippine Nuclear Research Institute (PNRI). The OSS shall also apply to non-hospital-based Medical Facilities for Overseas Workers and Seafarers, non-hospital-based Ambulatory Surgical Clinics, non-hospital-based Dialysis Clinics, Infirmaries and Birthing Homes.
- I. Population-based health services – refer to interventions such as health promotion, disease surveillance, and vector control which have population groups as recipients (RA 11223).
- J. Primary Care – refers to initial-contact, accessible, continuous, comprehensive and coordinated care that is accessible at the time of need including a range of services for all presenting conditions, and the ability to coordinate referrals to



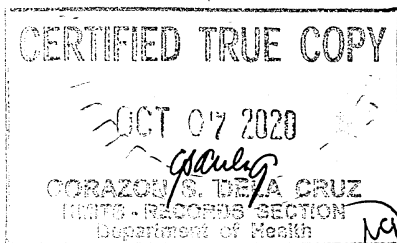
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other health care providers in the health care delivery system, when necessary.
(RA 11223)

- K. Primary Care Facility (PCF) – refers to the institution that primarily delivers primary care services which shall be licensed or registered by the DOH (RA 11223 IRR).
- L. Primary Care Provider Network (PCPN) – refers to a coordinated group of public, private, or mixed primary care providers, which serve as the foundation of a Health Care Provider Network (HCPN).
- M. Primary Care Worker – refers to health care worker, who may be a health professional or community health worker/volunteer, certified by DOH to provide primary care services (RA 11223 IRR).

V. GENERAL GUIDELINES

- A. All Primary Care Facilities (PCFs) shall secure a DOH-LTO and must be compliant at all times with the licensing standards and requirements set forth by HFSRB and FDA.
- B. PCFs under the same management, but operating in separate premises, shall secure separate DOH-LTOs.
- C. A PCF can either be government-owned or privately-owned. It can be a rural health unit, urban health center, private medical clinic, among others.
- D. All government PCFs shall provide both individual-based and population-based primary care services.
- E. All private PCFs shall provide individual-based primary care services, based on the guidelines set forth by DOH and PhilHealth.
- F. All PCFs shall follow the guidelines for individual and population based services set by DOH and Philhealth.
- G. PCFs shall provide medical consultations and minor surgical services within their premises and shall not be allowed to outsource these services.
- H. Ancillary services of a PCF shall include the following:
 - 1. Clinical laboratory
 - 2. Diagnostic radiologic services
 - 3. Pharmacy
 - 4. Birthing services
 - 5. Dental services
 - 6. Ambulance service (Type 1)
- I. Ancillary services shall comply with licensing standards set by DOH and/or FDA, as applicable.
- J. If the ancillary services are owned by the PCF and located within its premises, such as, clinical laboratory, pharmacy, birthing services, diagnostic radiological



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services, dental services, and ambulance service, the guidelines for the OSS implementation based on AO No. 2018-0016, titled "Revised Guidelines in the Implementation of the One-Stop Shop Licensing System" shall be strictly followed at the Center for Health Development – Regulatory Licensing and Enforcement Divisions (CHD-RLEDs).

- K. If ancillary services are outsourced and located either within or outside the premises of the PCF, a valid Memorandum of Agreement (MOA) with DOH- or FDA-licensed facilities, as applicable, shall be required.
- L. If the PCF and the ancillary services (located outside the premises of the PCF), have the same owner, a valid MOA or its equivalent shall still be required.
- M. Barangay Health Stations (BHS) shall be under the supervision of their respective rural health units/urban health centers and shall not secure their own DOH-LTO.
- N. All applications, whether for initial or renewal, shall be processed manually or through the Online Licensing and Regulatory System (OLRS), once the system is fully functional.
- O. PCFs shall strictly follow the standards, criteria and requirements prescribed in the Assessment Tool for Licensing of Primary Care Facilities (ANNEX B).

VI. SPECIFIC GUIDELINES

A. Licensing Standards

PCFs shall follow the standards, criteria and requirements prescribed in the Licensing Standards for Primary Care Facilities (ANNEX A).

B. Assessment Tool

An Assessment Tool for Licensing of Primary Care Facilities (ANNEX B) shall be used by regulatory officers and other stakeholders to evaluate compliance of PCFs to DOH standards and technical requirements for safety. This particular tool shall also serve as the Self-Assessment Tool to be used by owners of PCFs prior to inspection or monitoring visits by the CHD-RLEDs.

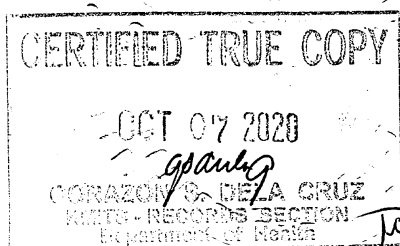
C. A single DOH-LTO shall be issued to the PCF, and shall include:

- 1. Category of health facility;
- 2. Ownership; and
- 3. Validity period

D. Every PCF may be monitored by CHD-RLEDs.

E. PCF shall have a contingency plan in case of suspension or revocation of the DOH or FDA LTO of any of its ancillary services, whether located within or outside its premises.

F. PCFs shall have a Manual of Operations, which shall include, but not limited to, the standard operating procedures being implemented in the facility, the DOH



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guidelines and Manual of Procedures for primary care services, once available; and copies of relevant laws and DOH issuances.

- G. PCFs shall use only FDA registered drugs and/or devices.

VII. PROCEDURAL GUIDELINES

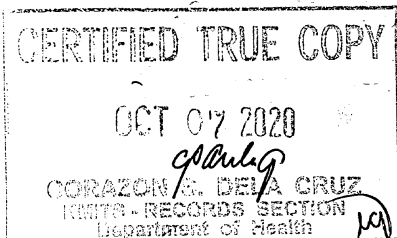
A. Application for DOH-PTC

1. A DOH-PTC shall be required for construction of new PCFs and for renovation or expansion of existing PCFs.
2. A completely filled out application form for DOH-PTC, whether manual or online, shall be submitted to the respective CHD-RLED.
3. The procedural guidelines for the processing of DOH-PTC shall be in accordance with Administrative Order (AO) No. 2016-0042, also known as, "Guidelines in the Application for Department of Health Permit to Construct (DOH-PTC)."

B. Application For DOH-LTO

1. A completely filled out application form for DOH-LTO, whether manual or online, shall be submitted to the respective CHD-RLED.
2. All applications, whether for initial or renewal, shall be processed manually or through the OLRs, once the system is fully functional.
3. The licensing process, both for initial and renewal of DOH-LTO, shall be in accordance with AO No. 2018-0016, also known as, "Revised Guidelines in the Implementation of the One-Stop Shop Licensing System."
4. For ancillary services owned and located within the premises of the PCF, the following documents shall be transmitted to CHD-RLED by the following releasing offices either manually or through the OLRs, once the system is fully functional:

Releasing Office	Document
Food and Drug Administration - Center for Device Regulation Radiation Health Research (FDA- CDRRHR)/ FDA Regional Field Office (FDA-RFO)	Certificate of Compliance for diagnostic radiology
FDA Regional Field Office	Recommendation Letter/ Certificate of Compliance for pharmacy



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C. Validity of DOH-LTO

The DOH-LTO of PCF shall be valid for three (3) years. Renewal of DOH-LTO shall follow the annual cut-off dates as prescribed in AO No. 2019-0004, titled "Guidelines on the Annual Cut-off Dates for Receipt of Complete Applications for Regulatory Authorizations Issued by the Department of Health."

D. Fees

1. The DOH-LTO fee shall follow the schedule of fees prescribed by DOH.
2. The applicant, upon filing the application, shall pay the corresponding fee to the CHD Cashier.

VIII. VIOLATIONS AND SANCTIONS

A. Any violations relative to the existing laws, rules and regulations of PCF and its ancillary services shall be subjected to the corresponding sanctions stated in their respective existing laws, rules and regulations, and this Order. The sanctions shall be borne by the PCF, regardless of location and ownership.

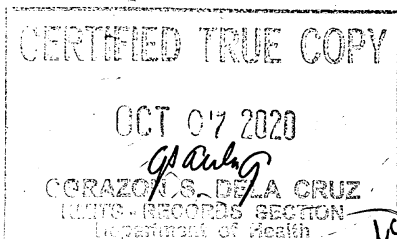
B. The following shall be considered as a violation of PCF:

1. Noncompliance to any of the licensing standards indicated in the Assessment Tool for Licensing of Primary Care Facilities (ANNEX B) beyond the compliance period provided by CHD-RLED.
2. Noncompliance of an ancillary service, regardless of location and ownership, beyond the compliance period provided by CHD-RLED or FDA. However, if the PCF has more than one (1) outsourced clinical laboratory, diagnostic radiologic services, pharmacy, birthing services, dental services, and ambulance service (Type 1), with a valid MOA, the PCF will not be sanctioned if at least one ancillary facility of the appropriate category is fully compliant with existing rules and regulations.

C. The following sanctions shall be imposed on PCFs found with violations:

1. For violation to any of the licensing standards indicated in the Assessment Tool for Licensing of Primary Care Facilities (ANNEX B) beyond the compliance period provided by CHD-RLED:

Number of Incidence	Sanction
First Offense	Written Warning
Second Offense	Thirty thousand pesos (Php 30,000)
Third Offense	Fifty thousand pesos (Php 50,000)
Fourth Offense	Suspension of thirty days (30 days) or revocation of LTO



2. For noncompliance of an ancillary service, regardless of location and ownership, beyond the compliance period provided by CHD-RLED or FDA:

Number of Incidence	Sanction
First Offense	Written Warning
Second Offense	Twenty thousand pesos (Php 20,000)
Third Offense	Additional twenty percent (20%) of the previous fine
Fourth Offense and onwards	Suspension of thirty days (30 days) or revocation of LTO

- D. The PCFs or the ancillary service/s shall be cleared of its violation after complying with the necessary corrective actions and the prescribed sanction.

IX. APPEAL

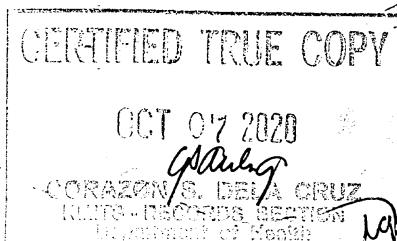
Any PCF aggrieved by the decision of the Director IV of CHD, or in his/her absence or unavailability or when delegated, the Director III of CHD, may, within ten (10) days after receipt of the notice of decision file a notice of appeal to the Secretary of Health, whose decision shall be absolute and executory. All pertinent documents and records of the applicant shall then be elevated by the CHD.

X. TRANSITORY PROVISIONS

- A. The requirement for DOH-PTC shall be waived for existing and operating PCFs prior to the effectivity of this Order. In lieu of this requirement, an as-built plan shall be submitted to the CHD-RLED.
- B. The application fee for DOH-LTO and DOH-PTC for PCF shall be waived until a new schedule of fees is issued by DOH.
- C. Existing PCFs which cannot completely comply with the licensing standards of ambulance service based on A.O. No. 2018-0001, also known as "Revised Rules and Regulations Governing the Licensure of Ambulances and Ambulance Service Providers", during initial application of DOH-LTO shall be given a grace period until October 1, 2022. A DOH-registered Patient Transport Vehicle shall serve as the transportation service of the PCF while complying with the licensing standards of their ambulance service.
- D. Furthermore, existing PCFs which cannot completely comply with the required dental equipment and instruments in Annex B of this Order during initial application of DOH-LTO shall be given a grace period until October 1, 2023, to attain full compliance with the licensing standards set forth by this Order.

XI. REPEALING CLAUSE

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




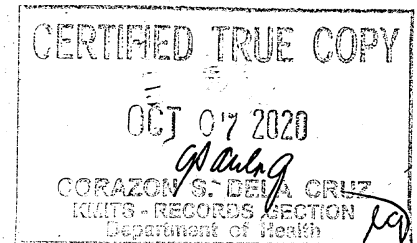
XII. SEPARABILITY CLAUSE

In the events that any provision or part of this Order is declared unconstitutional or null and void or rendered invalid by any court of law of competent authority, those provisions not affected by such declaration shall remain valid and effective.

XIII. EFFECTIVITY

This order shall take effect fifteen (15) days after publication in the Official Gazette or in a newspaper of general circulation. Copies of this Order shall be filed with the U.P. Law Center pursuant to Book VII, Chapter 2, Sec. 3 of E.O. 292.


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





Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

LICENSING STANDARDS FOR PRIMARY CARE FACILITIES

I. PERSONNEL

There shall be an adequate number of qualified, trained and competent staff to ensure efficient and effective delivery of quality primary care services.

- A. Every PCF shall have a duly licensed physician, as head of the facility, to oversee the clinical and administrative operations of the health facility.
- B. For rural health units and urban health centers, the head of the facility shall also oversee the clinical and administrative operations of barangay health stations within their jurisdiction.
- C. The minimum staffing standards such as staff composition and number/ratio shall be set by DOH. Adjustments in the staffing pattern shall depend on the workload and services being provided, using applicable workload assessment tools.
- D. The staff must be competent and shall have the appropriate learning and development interventions and certification prescribed by DOH as a primary care worker.
- E. There shall be staff development and continuing education program at all levels of organization to upgrade the knowledge, attitude and skills of staff.

II. PHYSICAL FACILITIES

Every PCF shall have physical facilities with adequate and appropriate areas to safely, effectively, and efficiently provide health services to patients. As such, it shall:

- A. Conform to applicable national and local regulations for the construction, renovation, maintenance and repair of the same.
- B. Conform to the required space for the conduct of its activities depending on its workload and the services being provided, as stated in the Checklist for Review of Floor Plans for Primary Care Facility (ANNEX C).
- C. Have an approved DOH - Permit to Construct (DOH-PTC) in accordance with the planning and design guidelines prepared by DOH (ANNEX C).

III. EQUIPMENT AND INSTRUMENTS

Every PCF shall have available and operational equipment, instruments, materials and supplies consistent with the services it will provide. As such, it shall:

- A. Adequately equipped based on the primary care services it provides.
- B. Have an updated inventory, program for calibration, preventive maintenance and repair of equipment.
- C. Have a contingency plan in case of equipment breakdown and malfunction.

IV. SERVICE DELIVERY

Every PCF shall ensure that the services being delivered to patients comply with the standards in the Assessment Tool for Licensing of PCF (ANNEX B) and other related relevant issuances.

- A. Primary care services, both individual- and population-based, shall be defined and set into guidelines by DOH and PhilHealth.
- B. All government PCFs shall provide both individual-based and population-based primary care services.
- C. All private PCFs shall provide individual-based primary care services.
- D. Ancillary services of PCF include the following:
 - 1. Clinical laboratory
 - 2. Diagnostic radiologic services
 - 3. Pharmacy
 - 4. Birthing services
 - 5. Dental services
 - 6. Ambulance service (Type 1)
- E. Ancillary services may be outsourced and located outside the premises of PCF, through a valid Memorandum of Agreement with DOH or FDA-licensed health facilities or services within the primary care provider network.
- F. Clinical laboratory services, either provided within the PCF or outsourced from one or more DOH-licensed clinical laboratories, shall include the following:
 - 1. Complete blood count with platelet count
 - 2. Urinalysis
 - 3. Fecalalysis
 - 4. Fecal occult blood test
 - 5. Lipid profile (total cholesterol, HDL, LDL, triglycerides)
 - 6. Fasting blood sugar
 - 7. Oral glucose tolerance test
 - 8. Pap smear
 - 9. Creatinine
 - 10. Blood typing
 - 11. Screening for hepatitis B, syphilis, and HIV
 - 12. Sputum microscopy or Nucleic acid amplification test
 - 13. Dengue rapid test
- G. In DOH-identified endemic areas, additional appropriate diagnostic test/s shall be provided, either within the PCF or outsourced from one or more DOH-licensed clinical laboratories (example: Kato Katz Schistosomiasis, Malaria smear, Filaria smear, slit-skin smear, and rapid plasma reagin for Syphilis).
- H. Every PCF shall have documented administrative Standard Operating Procedures (SOP) for the provision of its services.
- I. Every PCF shall have documented technical policies and procedures for individual-based and/or population-based primary care services, based on policies, guidelines, and Manual of Procedures issued by DOH and PhilHealth.
- J. Every PCF shall have documented policies and procedures on the establishment and/or its participation in the primary care provider network.
- K. PCFs that provide primary care services through digital technologies for health and mobile health services, shall adhere to the existing or subsequent

telemedicine guidelines issued by DOH Knowledge Management and Information Technology Service (KMITS).

V. QUALITY IMPROVEMENT (QI) ACTIVITIES

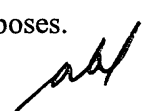
Every PCF shall establish and maintain a system for continuous quality improvement activities.

- A. Each PCF shall have policies and procedures on Quality Assurance Program (QAP) and continuous quality improvement.
- B. The Quality Assurance Program shall have a written plan and its implementation shall be continuous with period reviews.

VI. INFORMATION MANAGEMENT

Every PCF shall maintain a system of communication, recording and reporting and releasing of patient's results, in adherence to Republic Act (RA) No. 10173 also known as the "Data Privacy Act of 2012" and RA No. 11332 also known as the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act."

- A. Medical Records
- B. Validated Electronic Medical Records (EMR)
- C. Proof of submission of data to National Database of Human Resources for Health Information System (NDHRHIS)
- D. Technical records/logbooks of:
 - 1. Sentinel/adverse events
 - 2. Navigation, coordination and referrals of patients through the Primary Care Provider Network and Health Care Provider Network
- E. Administrative records of:
 - 1. Minutes of the Meeting
 - 2. Attendance logbook
 - 3. 201 Personnel Staff files
 - 4. Reports of DOH inspection and monitoring activities
 - 5. Preventive and corrective maintenance of equipment
 - 6. Maintenance and monitoring of health facility
- F. Records Management
 - 1. There shall be documented policies and procedures on access to and confidentiality of patient's information. Likewise, the right of the patient to obtain records of treatment and other relevant medical information shall be observed.
 - 2. Retention and disposal of medical records and other relevant information whether paper-based or electronic media shall be in accordance with the standards promulgated by DOH or by competent authorities for such purposes.



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VII. ENVIRONMENTAL MANAGEMENT

PCF shall ensure that the environment is safe for its patients and staff, including the general public.

- A. There shall be a program of proper maintenance and monitoring of physical facilities.
- B. There shall be procedures for the proper disposal of infectious wastes and toxic and hazardous substances in accordance with RA 6969, also known as "Toxic and Hazardous Substances and Nuclear Wastes Act" and other related policy guidelines and/or issuances.
- C. There shall be a "No smoking policy" and that the same shall be strictly enforced.
- D. There shall be a contingency plan in case of accidents and emergencies.

Handwritten signature and initials in black ink, located to the right of item D.



Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

ASSESSMENT TOOL FOR LICENSING A PRIMARY CARE FACILITY

INSTRUCTIONS:

1. To properly fill-out this tool, the Licensing Officer shall make use of: INTERVIEWS, REVIEW OF DOCUMENTS, OBSERVATIONS and VALIDATION of findings.
2. If the corresponding items are present, available or adequate, place (/) on each of the appropriate spaces under the FINDINGS column or space provided alongside each corresponding item. If not, put an (X) instead.
3. The REMARKS column shall document relevant observations.
4. Make sure to fill-in the blanks with the needed information. Do not leave any items blank.
5. The Team Leader shall ensure that all team members write down their printed names, designation and affix their signatures and indicate the date of inspection/monitoring, all at the last page of the tool.
6. The Team Leader shall make sure that the Head of the facility or, when not available, the next most senior or responsible officer likewise affix his/her signature on the same aforementioned pages, to signify that the inspection/monitoring results were discussed during the exit conference and a duplicate copy also received.

GENERAL INFORMATION:

Name _____ of _____ Primary _____ Care _____ Facility: _____

Address: _____
(Number and Street) (Barangay/District) (Municipality/City)

(Province/Region)

Telephone/Fax No. _____ E-mail Address: _____
Initial: _____ Renewal: _____

Existing License No: _____ Date Issued: _____ Expiry Date: _____

Name of Owner or Governing Body (if corporation): _____

Name of Head of Primary Care Facility: _____

Classification:

Ownership: _____ Government _____ Private

PART I. SERVICE CAPABILITY, PERSONNEL AND PHYSICAL PLANT

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
I. PATIENT RIGHTS AND ORGANIZATION ETHICS			
Standard: Organizational Policies and procedures which respect and support patients' rights to quality care and their responsibilities in that care.			
1. Informed consent is obtained from patients prior to procedures.	Document Review <ul style="list-style-type: none"> All patient charts have signed consent for procedures (example: minor surgery, immunization). 		
2. Policies which identify and address patients' rights and responsibilities are documented.	Observe <ul style="list-style-type: none"> Posted patients' rights in conspicuous places. 		
II. PATIENT CARE			
Standard: The organization informs the community about the services it provides and the hours of their availability.			
3. Clinical services are appropriate to patients' needs and the former's availability is consistent with the organization's service capability and role in the community.	Observe <ul style="list-style-type: none"> List of services and schedule of operation posted in a conspicuous area. DOH LTO (updated, valid and original) posted in a conspicuous area. 		
4. Population-based Primary Care Services (Government PCFs only)	Document Review <ul style="list-style-type: none"> Written policies and procedures based on DOH issued guidelines: <ul style="list-style-type: none"> Health promotion Epidemiologic surveillance Health protection (vector control, environmental health, occupational safety, and food safety measures) Emergency preparedness and response 		
5. Individual-based Primary Care Services	Document Review <ul style="list-style-type: none"> Written policies and procedures based on DOH guidelines and Manual of Procedures: <ul style="list-style-type: none"> Maternal and Newborn Care Family Planning Services Nutrition Services Dental Services (may be outsourced and/or located 		

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
	<p>outside PCF through a valid MOA. Outsourced dental services shall comply with the licensing standards in this Assessment Tool)</p> <ul style="list-style-type: none"> Referral services* to: <ul style="list-style-type: none"> Community-based Rehabilitation Services (example: physical therapy, occupational therapy, speech therapy) Developmental and mental health evaluation Substance abuse services <p>*May be provided by PCF</p>		
6. Minor Surgeries	<p>Document Review Written policies and procedures in conducting minor surgical procedures:</p> <ul style="list-style-type: none"> Suturing of superficial lacerations Circumcision Incision and Drainage Debridement Excision of small cysts 		
7. Administrative Services (Government PCFs only)	<p>Document Review Written policies and procedures on:</p> <ul style="list-style-type: none"> Issuance of certificates (medical certification, death certification, and medico-legal certification) Sanitation inspection and issuance of sanitary permit 		
8. Supervisory Services	<p>Document Review Written policies and procedures on:</p> <ul style="list-style-type: none"> Patient navigation in its primary care provider network Supervision of barangay health stations (Government PCFs only) Supervision of health workers (Government PCFs only) 		
Standard: The organization uniquely identifies all patients and creates a specific patient record for each patient that is readily accessible to authorized personnel.			
9. All patients are correctly identified by their patient records. An appropriate	<p>Document Review The contents of patient's records are the following:</p> <ul style="list-style-type: none"> Doctor's order 		

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
history and physical examination is performed on every patient. The history includes present illness, past medical, family, social and personal history.	<ul style="list-style-type: none"> • Informed Consent, if applicable • Complete history and physical examination (may use SOAP method for follow-up check-ups) • Medication and/or treatment record • Dental records (May be stored separately if dental facility is outsourced and located outside the PCF) • Laboratory and X-ray reports, if any • Record of referral or transfer of patient to other facility/service/doctor including notes 		
Standard: The care plan addresses patient's relevant clinical needs.			
10. Coordinated plan of care with goals.	Document Review <ul style="list-style-type: none"> • Proof of implementation of adopted/developed protocols, and DOH approved CPGs, once available. 		
III. LEADERSHIP AND MANAGEMENT Standard: The PCF's management team provides leadership, acts according to the organization's policies and has overall responsibility for the organization's operation, and the quality of its services and its resources			
11. Organizational Structure/Chart	Observe <ul style="list-style-type: none"> • Observe if the organizational structure/chart is posted in conspicuous area. 		
12. The organization and its services develop their vision and mission.	Document Review <ul style="list-style-type: none"> • Written vision and mission Observe <ul style="list-style-type: none"> • Posted vision and mission in a conspicuous area 		
14. Evaluation and monitoring activities to assess management and organizational performance (Required for government-owned PCFs. Recommended only for privately-owned PCFs.)	Document Review <ul style="list-style-type: none"> • Accomplishment reports or other annual reports, as applicable. 		

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
IV. HUMAN RESOURCE MANAGEMENT Standard: Workload is monitored and appropriate guidelines consulted to ensure that appropriate staff numbers and skill mix are available to achieve desired patient and organizational outcomes.			
15. The organization documents and follows policies and procedures for hiring and credentialing of its staff.	Document Review <ul style="list-style-type: none"> Policies and procedures for hiring and credentialing of staff Interview <ul style="list-style-type: none"> Administrative Officer or Head of PCF 		
Standard: There are relevant activities related to orientation of new personnel.			
16. New personnel, new graduates and external contractors- are adequately supervised by qualified staff	Document Review <ul style="list-style-type: none"> Documentation of orientation conducted 		
Standard: There shall be an adequate number of qualified, trained and competent staff to ensure efficient and effective delivery of quality primary care services. The staff composition and number/ratio shall depend on the workload and services being provided, adjusted based on applicable workload assessment tools set by DOH.			
17. Physician (Full time)	Document Review <ul style="list-style-type: none"> Proof of qualifications <ul style="list-style-type: none"> Resume PRC ID and Certificate Primary Care Worker Certificate Proof of relevant trainings Proof of Employment/Appointment 		
18. Nurse (Full Time)	Document Review <ul style="list-style-type: none"> Proof of qualifications <ul style="list-style-type: none"> Resume PRC ID and Certificate Primary Care Worker Certificate Proof of relevant trainings Proof of Employment/Appointment 		
19. Midwife (Full Time)	Document Review <ul style="list-style-type: none"> Proof of qualifications <ul style="list-style-type: none"> Resume PRC ID and Certificate Primary Care Worker Certificate Proof of relevant trainings 		

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
	<ul style="list-style-type: none"> ○ Proof of Employment/Appointment 		
20. Dentist	Document Review <ul style="list-style-type: none"> • Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ PRC ID and Certificate ○ Proof of Employment/Appointment, if applicable ○ Valid Memorandum of Agreement (MOA), if outsourced 		
21. Sanitation Inspector (Government PCFs only)	Document Review <ul style="list-style-type: none"> • Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ PRC ID and Certificate ○ Proof of Employment/Appointment 		
22. Information Technology Officer *may be allowed to handle two administrative roles at a time	Document Review <ul style="list-style-type: none"> • Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ Proof of Employment/Appointment 		
23. Records Officer *may be allowed to handle two administrative roles at a time	Document Review <ul style="list-style-type: none"> • Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ Medical Records Management Training Certificate ○ ICD-10 Training Certificate ○ Proof of Employment/Appointment 		
24. Administrative Officer *may be allowed to handle two administrative roles at a time	Document Review <ul style="list-style-type: none"> • Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ Proof of Employment/Appointment 		
25. Utility Worker	Document Review <ul style="list-style-type: none"> • Proof of qualifications <ul style="list-style-type: none"> ○ Resume ○ Proof of Employment/Appointment 		
V. INFORMATION MANAGEMENT Standard: Relevant, accurate, quantitative and qualitative data are collected and used in a timely and efficient manner for delivery of patient care and management of services			

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
26. Records are stored, retained and disposed of in accordance with the guidelines set by National Archives of the Philippines (NAP)	Document Review <ul style="list-style-type: none"> Logbooks on record storage, retention and disposal Observe <ul style="list-style-type: none"> Proper storage of records 		
27. The organization defines data sets, data generation, collection and aggregation methods and the qualified staff who are involved in each stage.	Document Review <ul style="list-style-type: none"> Policies and procedures on record storage, safekeeping and maintenance, retention and disposal. 		
Standard: Clinical records are readily accessible to facilitate patient care, are kept confidential and safe, and comply with all relevant statutory requirements and codes of practice.			
28. Patient records documenting any previous care can be quickly retrieved for review, updating and concurrent use.	Observe <ul style="list-style-type: none"> Patient records are easily retrievable within 10-15 minutes 		
29. The organization has policies and procedures, and devotes resources, including infrastructure, to protect records and patient charts against loss, destruction, tampering and unauthorized access or use. Only authorized individuals make entries in the patient records	Document Review <ul style="list-style-type: none"> Logbooks for borrowing and retrieval of records Observe <ul style="list-style-type: none"> Access to records 		
30. Validated Electronic Medical Records	Observe <ul style="list-style-type: none"> EMR implementation includes, but is not limited to, primary care benefits, maternal and neonatal deaths, injury, and confirmed cases of diagnosis 		
31. National Database of Human Resources for Health	Document Review <ul style="list-style-type: none"> Proof of submission of data to NDHRHIS 		

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
Information System (NDHRHIS)			
VI. SAFE PRACTICE AND ENVIRONMENT Standard: The organization plans a safe and effective environment of care consistent with its mission, services, and with laws and regulations			
32. An incident reporting system identifies potential harms, evaluates causal and contributing factors for the necessary corrective and preventive action	Document Review <ul style="list-style-type: none"> Record of incident reports 		
33. Presence of a management plan, policies and procedures addressing safety	Document Review <ul style="list-style-type: none"> Management plan, policies and procedures on safety Proof of implementation of the following: <ul style="list-style-type: none"> Fire drill conducted in the past 12 months Earthquake drill conducted in the past 12 months 		
34. Building Maintenance Program is in place ensuring facilities are in state of good repair	Document Review <ul style="list-style-type: none"> Routine program of work for preventive maintenance and record of corrective maintenance are available 		
35. Policies and procedures for the safe and efficient use of medical equipment according to specifications are documented and implemented.	Document Review <ul style="list-style-type: none"> Presence of operating manuals of the medical equipment Preventive and corrective maintenance logbook and plan for replacement 		
37. A coordinated security arrangement in the organization assures protection of patients and staff	Document Review <ul style="list-style-type: none"> Designation of person in charge of security. Interview <ul style="list-style-type: none"> Ask the personnel in charge of security what the policies on security are. Observe <ul style="list-style-type: none"> Security measures 		

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
Standard: Emergency light and/or power supply, water and ventilation systems are provided for, in keeping with relevant statutory requirements and codes of practice.			
38. Generator, emergency light, water system, adequate ventilation or air conditioning	Document Review: <ul style="list-style-type: none"> Bacterial water analysis done every 6 months. Proof of corrective measures done for failed bacterial water analysis. Preventive and corrective maintenance logbooks of generator, emergency light, ventilation and conditioning Observe: <ul style="list-style-type: none"> Test if faucets and water closets are working Functional emergency lights and generators 		
39. Non-medical equipment are regularly maintained with plan for replacement according to expected life span or when no longer serviceable	Document Review: <ul style="list-style-type: none"> Records of preventive and corrective maintenance and plan for replacement 		
40. Operating manuals of non-medical equipment	Document Review: <ul style="list-style-type: none"> Operating manuals of equipment, generators, air conditioners and other non-medical equipment 		
Standard: The handling, collection and disposal of waste conform with relevant statutory requirements and code of practice			
41. Policies and procedures on Waste Disposal Management	Document Review: <ul style="list-style-type: none"> Issuances – laws, memos, guidelines on waste segregation, collection, treatment and disposal Contracts with service providers, waste handlers or disposal contractors (if applicable) Observe: <ul style="list-style-type: none"> Location of waste holding area Segregation of waste (use of color coded garbage plastic and/or bins) 		

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
	<ul style="list-style-type: none"> • Proper labelling of waste receptacles • Proper management of temporary storage areas prior to hauling for disposal 		
Standard: An interdisciplinary infection control program ensures the prevention and control of infection in all services.			
42. Infection Prevention and Control (IPC) Program	Document Review <ul style="list-style-type: none"> • IPC Manual 		
43. Policies and procedures on cleaning, disinfecting, drying, packaging and sterilizing of equipment, instruments and supplies.	Document Review <ul style="list-style-type: none"> • Policies and procedures on cleaning, disinfecting, drying, packaging and sterilizing of equipment, instruments and supplies 		
Standard: The organization uses a coordinated system-wide approach to reduce the risks of healthcare- associated infections.			
44. Organization takes steps to prevent and control outbreaks of healthcare associated infections.	Document Review <ul style="list-style-type: none"> • Validate PCF policies on infection control such as use of PPEs, isolation precautions and hand washing. • Written policies and procedures in accordance with DOH issuances. Observe <ul style="list-style-type: none"> • Use of gloves, surgical masks, etc., as needed • Sinks or lavatories or designated areas for hand washing or dispenser for sanitizers • Ask a PCF staff to demonstrate hand washing. 		
45. There are programs for prevention and treatment of needle stick injuries, and policies and procedures for the safe disposal of used needles are	Document Review <ul style="list-style-type: none"> • Reports of needle stick injuries Interview <ul style="list-style-type: none"> • Ask staff their policies on needle stick injury Observe		

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
documented and monitored	<ul style="list-style-type: none"> Use of PPEs in doing minor surgeries, handling patients with infectious diseases etc. 		
Standard: When needed, the organization reports information about infections to personnel and public health agencies.			
46. Policies and procedures in reporting notifiable diseases (Refer to AO No. 2008-0009 and AO No. 2020-0013).	Document Review <ul style="list-style-type: none"> Copies of reports submitted to PIDSR and other applicable DOH recording and notification systems. 		
VII. IMPROVING PERFORMANCE			
Standard: The organization has a planned systematic organization- wide approach to process design and performance measurement, assessment and improvement.			
47. Continuous Quality Improvement (CQI) Program	Document Review <ul style="list-style-type: none"> CQI plan and proof of implementation Interview <ul style="list-style-type: none"> Ask about their activities on CQI. 		
Standard: The organization provides better care service as a result of continuous quality improvement activities			
48. Customer satisfaction survey	Document Review <ul style="list-style-type: none"> Domains of the survey form used. Survey results and how complaints/comments are acted upon. 		
VIII. PHYSICAL PLANT			
49. Entrances and exits are clearly and prominently marked, free of any obstruction and readily accessible.	Observe <ul style="list-style-type: none"> Posted entrance and exit signs. Entrances and exits are accessible and free from any obstruction <i>Note: Exit signs should be luminous or illuminated and prominently marked. There should be exit signs in major areas of the hospital and all doors leading to the outside. (Reference: RA 6541 Building Code of the Philippines)</i>		
50. Directional signs are prominently posted to help locate service areas within the organization.	Observe <ul style="list-style-type: none"> Directional signs are prominently posted. 		

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
51. Ramps for patients with special needs are available, clearly and prominently marked and free of any obstruction.	Observe <ul style="list-style-type: none"> • Ramps for patients with special needs. <ul style="list-style-type: none"> ○ Prominently marked ○ Free from obstruction 		

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PART II. EQUIPMENT AND INSTRUMENTS

EQUIPMENT/INSTRUMENT (Functional)	COMPLIED	REMARKS
MEDICAL EQUIPMENT AND INSTRUMENTS IN PCF		
Autoclave, 20 L		
BP apparatus, non-mercurial, with adult and pediatric cuffs		
Cervical Inspection Set/Vaginal Speculum Set		
Small size		
Medium size		
Large size		
Dressing set (minor surgical set)		
Surgical scissors straight		
Surgical scissors curved		
Bandage scissors		
Pick up (ovum) forceps		
Mosquito forceps		
Tissue forceps with teeth		
Tissue forceps without teeth		
Suture removal scissors		
EENT Diagnostic Set		
Ophthalmoscope		
Otoscope		
Emergency light		
Examining light		
Examining table		
Foot stool		
Instrument table		
IV stand		
Nebulizer		
Neurohammer		
Non-mercurial thermometer		
Salter scale		
Safety/Sharps collector box		
Snellen's Chart, Visual Acuity Chart		
Stethoscope		

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Weighing scale with height measuring stick, adult		
Weighing scale, infant		
Wheelchair		
Wheeled stretcher		
Vaccine carrier with cold dog		
Vaccine carrier thermometer		
Vaccine refrigerator		
DENTAL EQUIPMENT AND INSTRUMENTS		
(Outsourced dental service located outside PCF shall still be inspected and comply with the following licensing requirements)		
Autoclave, 20 L		
Dental Unit and chair with compressor and complete accessories, with high and low speed hand pieces		
Dental prophylaxis instrument set:		
Universal scaler, non-magnetic hollow handle		
Peri Curette, non-magnetic hollow handle		
Periodontal probe		
Gracey curette, set of 6 different tips, non-magnetic hollow handle		
Dental instruments: mouth mirror, cotton plier, explorer, spoon excavator (1 set)		
Basic Dental Surgery Set		
Extraction forcep, #16 with cross serration (for better grip)		
Ergonomic for better comfort designed instrument		
Extraction forcep, #17		
Extraction forcep, #18L		
Extraction forcep, #18R		
Extraction forcep, #44		
Extraction forcep, #69		
Extraction forcep, #150		
Extraction forcep, #151		
Pedo forcep, #150		
Pedo forcep, #151		
Pedo forcep, #17S		
Pedo forcep, #16S		
Pedo forcep, #18R		
Pedo forcep, #18L		
Aspirating syringe (2), stainless steel, with locking mechanism		

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Minnesota retractor, stainless steel		
Bone file, stainless steel		
Dental instrument cabinet		
Instrument table		
Sterilizing unit, table top		
Sharp waste disposal unit		
NON-MEDICAL EQUIPMENT AND INSTRUMENTS		
Computer/laptop with internet connection (mobile data, Ethernet)		
Printer		
Mobile phone/cellphone		
Fire extinguisher		
Standby generator set		

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Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

Name of Primary Care Facility: _____

Date of Inspection: _____

RECOMMENDATIONS:

A. For Licensing Process

☐ For Issuance of License To Operate as PRIMARY CARE FACILITY

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:

Printed name

Signature

Position/Designation

Received by:

Signature: _____

Printed Name: _____

Position/Designation: _____

Date: _____

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Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

Name of Primary Care Facility: _____

Date of Monitoring: _____

RECOMMENDATIONS:

B. For Monitoring Process

☐ 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: _____

Position/Designation: _____

Date: _____

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Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

ANNEX – C1
A.O. 2020- 0047

PLANNING AND DESIGN GUIDELINES FOR PRIMARY CARE FACILITY

This Planning and Design Guidelines applies to all new construction and renovation of primary care facilities (PCF) as defined and classified under this Administrative Order. The following provisions and requirements shall be applied in the planning and design process of the construction, addition, alteration and renovation of a PCF.

1. General Requirements:

- 1.1 *Location.* The Primary Care Facility (PCF) shall be situated in an area or location that is conveniently accessible both to clients and staff via available means of public transportation.
- 1.2 *Access.* Separation and access shall be maintained, regardless the classification of PCF and whether the PCF is freestanding or is part of another facility. Building entrance should be at grade level, clearly marked, and located so that patients need not go through other activity areas. Design shall preclude unrelated traffic within the facility.
- 1.3 *Privacy.* The design shall ensure appropriate levels of patient audible and visual privacy and dignity throughout the care process, from the interviews, examinations, treatment, counselling and other testing procedures and related activities.
- 1.4 *Parking.* A PCF shall provide a minimum of one (1) parking space for every one hundred (100) square meters of gross floor area (GFA) and the fraction thereof. Aside from this, the PCF shall also provide a designated parking slot for an ambulance and/or patient transport vehicle.
- 1.5 The PCF shall conform to all applicable local and national regulation for the construction, renovation, maintenance and repair of its facilities.

2. Space Requirements

- 2.1 The PCF shall have adequate space or area provided for its various space/room requirements in order to attain the effective and efficient operation of its activities and functions.

2.2 PCF shall provide have the following zones, if applicable:

- 2.2.1 General Administrative Services and Public Areas;
- 2.2.2 Clinical Services Area;
- 2.2.3 Ancillary Services Area;
- 2.2.4 Support Services Area.

2.3 The General Administrative and Public Areas shall be comprised of the following spaces:

2.3.1. Main Lobby, provided with:

2.3.1.1 A Reception and information counter or desk.

2.3.1.2 Sufficient waiting area for clients, an area of 1.4 square meters shall be allocated per person. Consideration should be given to special needs of specific patient groups, such as of person with disabilities (PWD), infants, pregnant women, etc., such as dedicated seats for PWD, presence of ramps in the entrance, handrails, diaper changing and breastfeeding room, and alike.

2.3.1.3 Conveniently accessible toilet for the public. Provision of one (1) toilet for every eight (8) patient shall be applied. A separate toilet for male and female is preferred, and shall be PWD-accessible.

2.3.1.4 Conveniently accessible wheelchair storage.

2.3.2. Office for Staff. General or individual office(s) for the staff, business transactions, and clerical and administrative functions shall be provided, with sufficient space for the staff and the activity involved therein, to attain effective and efficient operation of its activities and function.

2.3.2.1 A separate toilet for the staff, Provision of one (1) toilet for every fifteen (15) personnel shall be applied.

2.3.2.2 Other spaces for staff such as conference room, staff pantry and the like, are optional.

2.3.3. Sufficient Storage for Records and Supplies.

2.4 The Clinical Services Area shall be composed of the following spaces:

2.4.1 Physician Office(s)/ Consultation Room(s);

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- 2.4.2 Medical Examination Room, which shall have a minimum floor area of 7.43 square meters per examination table / bed, exclusive of ante-room and toilet (if any). Room arrangement should permit of at least 850 mm clearance at the side and foot of the examination table / bed. A space for handwashing and a counter/shelf space for writing shall be provided.
- 2.4.3 Minor surgical room shall have a minimum floor area of twelve (12) square meters, excluding vestibule and toilet (if any). The minimum room dimension shall be three (3) meters. A hand washing station and a counter or shelf for writing shall be provided. A space for handwashing shall be provided.
- 2.5 The Ancillary Services Area(s) shall be composed of the following spaces:
- 2.5.1 Clinical Laboratory, which shall be composed of the following:
- 2.5.1.1 Extraction Area, separate from the Clinical work area;
 - 2.5.1.2 Clinical Work Area with Sink (minimum of 20.00 square meters in floor area);
 - 2.5.1.3 A Pathologist Area (may be a separate room or be a part of the Clinical Work Area);
 - 2.5.1.4 Access to Toilet and waiting area.
- 2.5.2 Diagnostic Radiology Facility. The Medical X-ray Facility (Chest X-ray for Heart and Lungs) shall meet the requirements set by the FDA-CDRRHR, and shall comprise of the following spaces:
- 2.5.2.1 X-ray room (with a minimum width of 2.50 m. and minimum length of 3.00 m as required by the DOH-CDRRHR), and a control booth and dressing area;
 - 2.5.2.2 Darkroom (with a minimum dimension of 2.00 m by 1.50 m as required by the DOH-CDRRHR);
 - 2.5.2.3 Film Reading Room and Film file Storage;
 - 2.5.2.4 Access to Toilet and waiting area;
- 2.5.3 Birthing Facility (must comply with the requirements provided in the Annex C- Planning and Design Guidelines for Birthing Home of Administrative Order No. 2016-0042 of the Guidelines in the Application for the DOH-Permit-to-Construct (PTC)).
- 2.5.4 Pharmacy, with a minimum floor area of fifteen (15) square meters, provided with work counter and sink.
- 2.5.5 Dental Clinic. Provide at least 8.63 square meters per dental chair that includes space for one (1) dental chair, space for movement of person, and space for passage of equipment.

2.5.6 Designated Parking Area for Ambulance and/or Patient Transport Vehicle.

2.6 The Support Services Area(s) shall be composed of the following spaces:

- 2.6.1 Waste Holding Room/Area, for temporary and sanitary storage of segregated waste which includes infectious waste such as contaminated sharps and needles and non-infectious waste or general waste;
- 2.6.2 Janitor's Closet, with slop sink and housekeeping cabinet;
- 2.6.3 Designated Sputum Collection Area.

3. Functional Requirements

- 3.1 The different areas of the PCF shall be functionally related to each other.
- 3.2 Main entrance of the PCF directly accessible from public road and should be located at ground level with sufficient ramps compliant to BP 344 (with a clear width of 1.2 meters and minimum slope of 1:12) to accommodate person with disabilities (PWD) and groups with special needs.
- 3.3 There shall be a ramp for clinical and ancillary services located on the upper floor (if any).
- 3.4 The Reception and information counter or desk shall be located in such a manner that it will afford visual control of the main entry to the PCF. Its layout shall allow the staff to see and acknowledge incoming clients/patients and at the same time facilitate their transaction activities.
- 3.5 The waiting area shall be planned in such a way that it is easily accessible from the main entry and located adjacent to the Reception and information counter or desk. Furthermore, the waiting area shall have a pleasing environment for the clients and patients and shall be adequately spaced and provided with appropriate furniture.
- 3.6 The office, shall be located adjacent to the lobby and both shall be located near the main entrance of the PCF.
- 3.7 The design and planning of the PCF shall also consider important factors such as medical equipment to be accommodated (especially those of the diagnostic radiological and clinical laboratory facilities), proper office/clinic layout/s which include/s furniture, fixtures and equipment, provision of client-friendly transaction windows and counter where necessary, comfortable seats for waiting and appropriate signage.



- 3.8 The General Administrative Service and Public Areas namely the Lobby, The Office, and Records Storage shall be planned contiguous to one another as they are closely related in terms of function, providing easy accessibility between these areas.
- 3.9 The Consultation and Examination Rooms shall be planned adjacent or easily accessible from the main lobby.
- 3.10 The Minor Surgical Room and Birthing Room shall be located away from the main traffic and access shall be limited to authorized personnel and patient only.
- 3.11 The Ancillary Zone for diagnostic services, namely the Clinical Laboratory and Medical X-ray Facility, shall also be planned contiguous or adjacent to one another. Appropriate waiting areas for these rooms should be provided.
- 3.12 Ancillary Services Areas shall be located and arranged to prevent non-related traffic through the room.
- 3.13 Support Service areas shall be planned in such a way that they are accessible to both clients and staff but concealed from the direct view or zoned away from the rest of the major areas of the PCF for aesthetic purposes. These rooms may be clustered in a service zone or perhaps located at corridor ends.
- 3.14 Sputum Collection Area shall be located in an open air environment away from the main flow of patients and staff in the facility, but should be not too far away from the point where the patient can deliver the sputum sample, and shall be provided with partitions on both side for privacy and lavatory/sink for handwashing.

4. Specific Technical Requirements

- 4.1 *Fire Safety.* The PCF shall conform to the Division 11 of Chapter 2 and applicable provisions of the 2019 Revised Implementing Rules and Regulations (IRR) of Republic Act (RA) 9514 or the Fire Code of the Philippines. There shall be a minimum of two (2) exits, as remote from each other for each floor of the building, which terminates directly at an open public space to the outside of the building. Exits shall be restricted to the following permissible types: Doors leading directly outside the building; stairs and smoke-proof enclosures, ramps, horizontal exits and exit passageways.
- 4.2 *Patient Movement.* The recommended minimum width for public corridor for PCF shall be at least but not limited to 1.80 meters or six (6) feet. Wider corridors shall be provided if waiting areas along the corridor will be accommodated. Width of service corridors may be reduced to 1.20 meters. Rooms shall be properly labelled and identified for ease of way finding.
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4.3 *Lighting.* The entire facility shall be well-lighted for the comfort of patients and staffs.

4.4 *Ventilation.* There shall be provision of natural ventilation (if applicable) for comfortable environment of patient and staff. Nonetheless, the facility may opt for artificial ventilation if natural ventilation is not possible. Areas requiring a controlled environment, such as the laboratory, diagnostic radiological facility and areas handling temperature sensitive supplies and equipment, shall be artificially ventilated to attain specific HVAC requirements.

In compliance with the Building Code requirements, floor to ceiling height of all rooms of the PCF shall be at least but not limited to 2.40 meters for artificially ventilated rooms and 2.70 meters for naturally ventilated rooms. However, for radiographic and other rooms containing tall and ceiling-mounted equipment, the ceiling shall be of sufficient height in order to accommodate the equipment and/or fixtures.

4.5 *Water Supply.* A water supply from an approved public water supply system whenever available shall be provided. However, other sources may be tapped provided that the water supply has undergone thorough treatment to make it safe for human consumption. Water tank shall also be installed if it necessary just to ensure that the water supply required for the efficient function of the facility is maintained.

4.6 *Flooring.* Floor finishes to be used for various rooms and areas of the PCF shall be readily cleanable and appropriately wear-resistant. Floors subject to traffic while wet (i.e. entrance porch and toilet facilities) shall have a non-slip surface.

4.7 *Walls and Partitions.* All walls of the Clinical Laboratory in general shall be structurally sound, safe, and sturdy with minimum fire resistant rating as prescribed by the Fire Code of the Philippines for this type of occupancy. Wall finishes shall be washable and in the proximity of plumbing fixtures shall be smooth and moisture resistant.

The outlying walls housing the examination rooms, minor surgical room, diagnostic radiological facility (with special enclosures as specified by the Center for Device Regulation, Radiation Health and Research (CDRRHR)), Clinical Working Area of the Clinical Laboratory, Birthing Facility and toilet facilities shall be constructed from floor to ceiling to ensure a safe and secured environment with audio and visual privacy for patients undergoing procedures.

The interior walls enclosing the clinical services areas shall concave at the base of the wall towards the floor to create a seamless finish to prevent the accumulation of dirt and dust.



Cubicle curtains and draperies if used for the PCF shall be non-combustible or flame-retardant.

- 4.8 *Doors.* The minimum clear opening for the main door for the PCF shall be at least but not limited to 0.90 meters to easily accommodate patients regardless of the type of movement. Installing vision panels to control doors and doors leading to clinical and ancillary services rooms is recommended, if applicable.

The recommended door width of rooms of the PCF that will accommodate patients for consultation, examination, and treatment purposes shall be at least but not limited to 860 millimeters for convenient access of both users and equipment.

Windows. The minor surgical room and birthing room (if birthing facility is on-site) may have windows for natural light and cross ventilation of natural air especially during routine decontamination or cleaning, provided that such windows shall be at least 1.60 meters from the finished floor up to the window sill to ensure privacy.

5. References:

A. Relevant Laws and Standards

- a) Batas Pambansa Blg. 344. An Act to Enhance the Mobility of Disabled Persons.
- b) Presidential Decree (PD) 1096. The National Building Code with its revised Implementing Rules and Regulations.
- c) 2019 Revised Implementing Rules and Regulations of RA 9514 Fire Code of the Philippines.
- d) 1999 National Plumbing Code of the Philippines of the RA 1378 or the Plumbing Law.

B. DOH Issuances and Manuals

- a) A.O. 2016-0042- *Guidelines in the Application for Department of Health Permit to Construct (PTC).* Department of Health. Manila. 2016.
- b) *Manual on Healthcare Waste Management. 4th Edition.* Department of Health. 2020.

C. Books and Publication

- a) *Guidelines for Design and Construction of Hospital and health Care Facilities.* American Institute of Architects. 2001.
- b) De Chiara, Joseph. (2001). *Time-Saver Standards for Building Types (4th edition).* McGraw-Hill Book Company.
- c) Fajardo (2002). *Planning and Designers Handbook*, Second Edition. Quezon City. 5138 Merchandising.



Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

Annex C2

A.O. No. 2020-_____

**CHECKLIST FOR REVIEW OF FLOOR PLANS
PRIMARY CARE FACILITY (PCF)**

Name of Health Facility: _____

Address: _____

Date: _____ Review: 1st _____ 2nd _____ 3rd _____

1. PHYSICAL PLANT

1.1 General Administrative Services and Public areas

- 1.1.1 Lobby
 - 1.1.1.1 Waiting Area / Multi-purpose Area (commensurate 1.4 m² per pax)
 - 1.1.1.2 Reception and Information Counter / Desk
 - 1.1.1.3 Toilet (Separate for Male and Female, PWD-accessible)
- 1.1.2 Office
- 1.1.3 Staff Toilet
- 1.1.4 Staff Areas / Conference Room (Optional)
- 1.1.5 Records Storage Area / Room
- 1.1.6 Supply Storage Area / Room

1.2 Clinical Services

- 1.2.1 Minor Surgical Room with Lavatory/Sink (min. of 12 m² in floor area)
- 1.2.2 Physician Office / Consultation Room/Area
- 1.2.3 Examination Room with Lavatory/Sink

1.3 Ancillary Services

- 1.3.1 Birthing Area*
 - 1.3.1.1 Birthing Room (commensurate 10.5 m² per birthing table)
 - 1.3.1.2 Ward (commensurate 7.43 m² per bed)
 - 1.3.1.3 Clean-up and Sterilization Room
 - 1.3.1.4 Scrub-up Area
 - 1.3.1.5 Toilet
- 1.3.2 Clinical Laboratory*
 - 1.3.2.1 Clinical Work Area with Lavatory/Sink (min. of 20 m² in floor area)
 - 1.3.2.1 Pathologist Area
 - 1.3.2.2 Extraction Area
 - 1.3.2.3 Access to Toilet
 - 1.3.2.4 Reception / Waiting area
- 1.3.3 Radiology (Chest X-ray for Heart and Lungs) *
 - 1.3.3.1 X-Ray Room with Control Booth and Dressing Area
 - 1.3.3.2 Dark Room
 - 1.3.3.3 Film Reading Room and Film File Storage
 - 1.3.3.4 Access to Toilet
- 1.3.4 Pharmacy* with work counter and sink (min. of 15.00 m² in floor area)
- 1.3.5 Dental Clinic* with Lavatory/Sink (commensurate 8.26 m² per dental chair)
- 1.3.6 Parking Area for Ambulance / Patient Transport Vehicle

1.4 Support Services

- 1.3.7 Waste Holding Area / Room
- 1.3.8 Janitor's Closet / Maintenance and housekeeping Area / room
- 1.3.9 Sputum Collection Area with Lavatory/Sink

Note: * When the services are outsourced and/or located outside the premises of the PCF, these areas are not required. However, a contract of service or Memorandum of Agreement (MOA) with a service provider should be secured as a prerequisite for License to Operate (LTO).

Note: For ancillary services (regulated health facility) outsourced and/or located outside the premises of the PCF, please refer to their respective Checklist for Review of Floor plans in the DOH-AO 2016-0042 or the "Guidelines in the Application for DOH-Permit-to-Construct(PTC)".

2. PLANNING AND DESIGN

- _____ 2.1 Floor plans properly identified and completely labelled.
- _____ 2.2 Conforms to the applicable codes as part of professional service.
 - _____ 2.2.1 Exits shall be restricted to the following permissible types: Doors leading directly outside the building; stairs and smoke-proof enclosures, ramps, horizontal exits and exit passageways.
 - _____ 2.2.2 Minimum of two (2) exits of the above types, as remote from each other for each floor of the building.
 - _____ 2.2.3 Exits terminate directly at an open public space to the outside of the building.
 - _____ 2.2.4 The plans shall conform to the provisions of Batas Pambansa (BP) 344 – Accessibility Law.
 - _____ 2.2.5 Provision of Ramp for wheelchair access with a clear width of 1.2 meters and minimum slope of 1:12 (Ramp is provided at the entrance if it is not at the same level with the inside, and if clinical and ancillary services are located on the upper floor).
- _____ 2.3 Meets prescribed functional programs:
 - _____ 2.3.1. Main entrance of the PCF directly accessible from public road.
 - _____ 2.3.2. Ramp or elevator for clinical and ancillary services located on the upper floor (if any).
 - _____ 2.3.3. Provide sufficient area for the office based on the number and the workflow of the staff.
 - _____ 2.3.4. Main lobby and Business Office located near the main entrance of the PCF.
 - _____ 2.3.5. Minor operating room, Birthing Room*, Clinical Laboratory* and Radiology* shall be located and arranged to prevent non-related traffic through the room.

COMMENTS:

[Handwritten signature]



Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

Name of Health Facility: _____
Address: _____
Date: _____

COMMENTS:

HEALTH FACILITIES EVALUATION AND REVIEW COMMITTEE (HFERC)

☐ Approved ☐ Disapproved

Chairperson, HFERC

Vice-Chairperson, HFERC

Member

Member

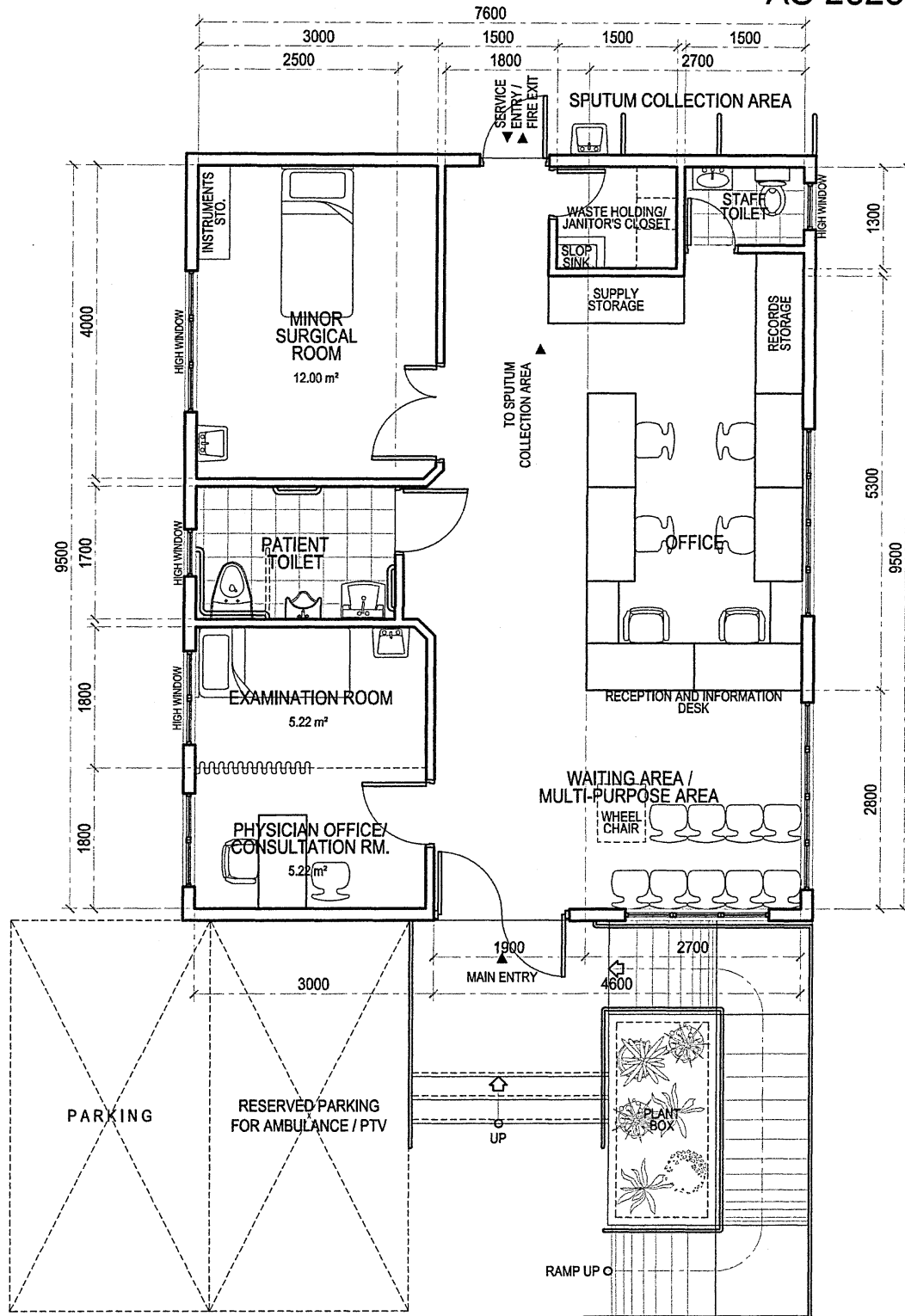
Member

Member

Member

Member

adp *J*



Republic of the Philippines
DEPARTMENT OF HEALTH
CENTRAL OFFICE
San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila City

TITLE / SHEET CONTENT:

**SAMPLE FLOOR PLAN FOR
PRIMARY CARE FACILITY**

APPROVED BY:

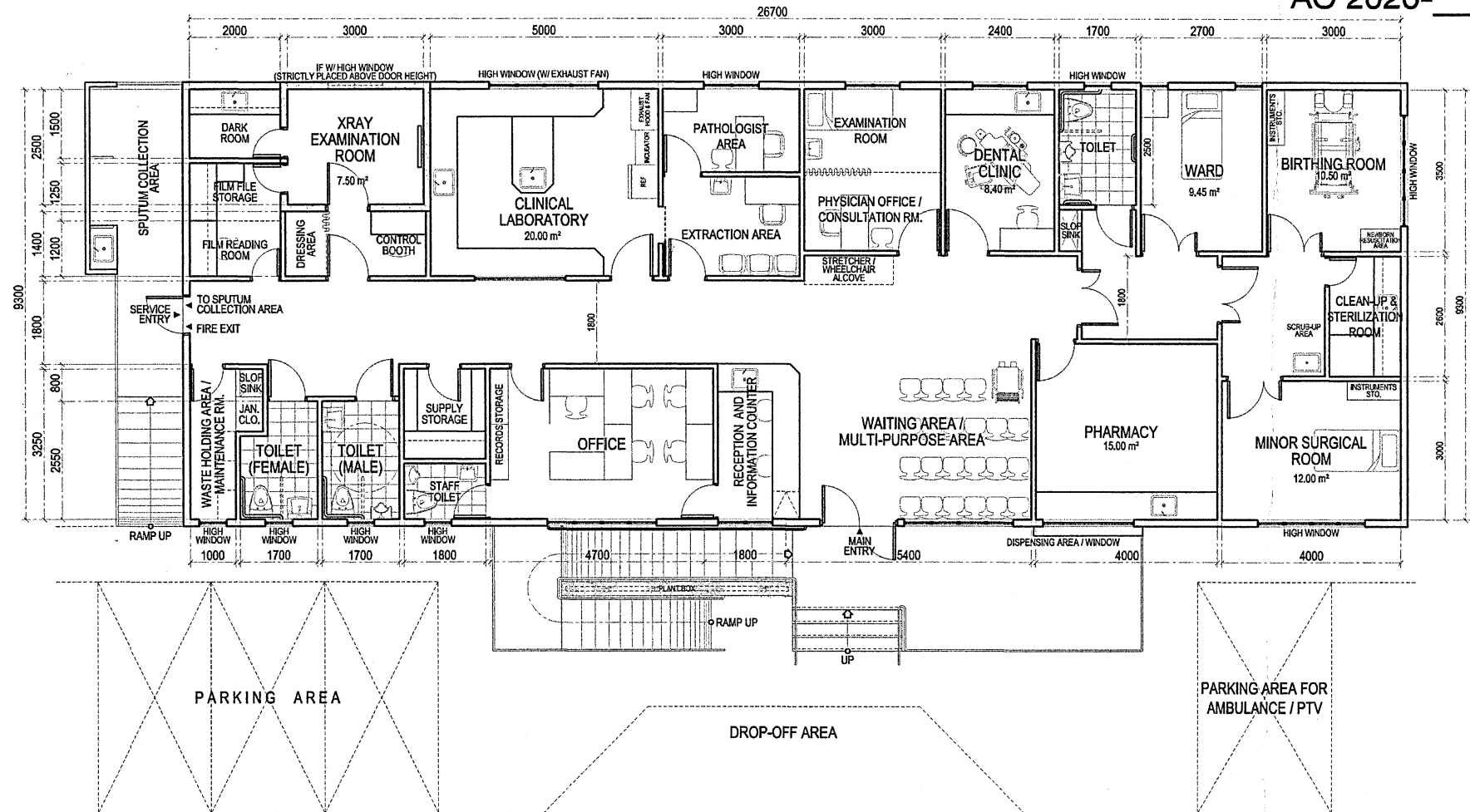
MARIA ROSARIO SINGH - VERGEIRE, MD, MPH, CESO IV
O.I.C. - UNDERSECRETARY OF HEALTH,
HEALTH REGULATION TEAM, DEPARTMENT OF HEALTH

SHEET NO. 1 OF 1

REVISION 0.0
09/30/2020

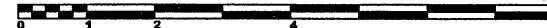
PREPARED BY:
HFSRB-SDD


ANNEX C-3b AO 2020-



SAMPLE FLOOR PLAN

SCALE 1:125 m GROSS FLOOR AREA: 248.3 m² (26.7 m x 9.3 m)



 <p>Republic of the Philippines DEPARTMENT OF HEALTH CENTRAL OFFICE San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila City</p>	<p>TITLE OF HEALTH CARE FACILITY:</p> <p>SAMPLE FLOOR PLAN FOR PRIMARY CARE FACILITY</p>	<p>SHEET CONTENTS:</p> <p>SAMPLE FLOOR PLAN FOR PRIMARY CARE FACILITY (WITH ALL ANCILLARY SERVICES)</p>	<p>APPROVED BY:</p> <p>MARIA ROSARIO SINGH-VERGEIRE, MD, MPH, CESO IV O.I.C. - UNDER SECRETARY OF HEALTH, HEALTH REGULATION TEAM, DEPARTMENT OF HEALTH</p>	<p>SHEET NO. 1 OF 1</p> <p>REVISION 0.0 09/30/2020</p> <p>PREPARED BY: HFSRB-SDD</p>
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