## PART IV - LEVEL 1 HOSPITAL

Instruction: In the appropriate box, place a check mark (√) if the hospital is compliant or X-mark if not compliant.

### ATTACHMENT 1.A - PERSONNEL

<table>
<thead>
<tr>
<th>POSITION</th>
<th>QUALIFICATION</th>
<th>EVIDENCE</th>
<th>NUMBER/RATIO</th>
<th>COMPLIED</th>
<th>REMARKS</th>
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<tbody>
<tr>
<td><strong>TOP MANAGEMENT (Should be full-time)</strong></td>
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<tr>
<td>Chief of Hospital/Medical Director</td>
<td>• Licensed physician</td>
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<td></td>
<td>• Have completed at least twenty (20) units towards a Master’s Degree in Hospital Administration or related course (MPH, MBA, MPA, MHSA, etc.) <strong>OR</strong> at least five (5) years hospital experience in a supervisory or managerial position</td>
<td>• Diploma/Certificate of units earned</td>
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<td>• Updated Physician PRC license</td>
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<td>• Certificates of Trainings attended</td>
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<td>• Proof of Employment/Appointment (notarized)</td>
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<td>• Service Record/Certificate of Employment (proof of hospital supervisory/managerial experience)</td>
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<tr>
<td>Chief Nurse/Director of Nursing</td>
<td>• Licensed nurse</td>
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<td></td>
<td>• Master’s Degree in Nursing <strong>AND</strong> at least five (5) years of clinical experience in a supervisory or managerial position in nursing (R.A. No. 9173)</td>
<td>• Diploma</td>
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<td>• Updated PRC license</td>
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<td>• Service Record/Certificate of Employment (proof of supervisory/managerial experience in nursing)</td>
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<tr>
<td>Chief Administrative Officer/Hospital Administrator</td>
<td>Have completed at least twenty (20) Units towards Master’s Degree in Hospital Administration or related course (MPH, MBA, MPA, MHSA, etc.) <strong>OR</strong> at least five (5) years hospital experience in a supervisory/managerial position.</td>
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<td>• Service Record/Certificate of Employment (proof of hospital supervisory/managerial experience)</td>
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<td>POSITION</td>
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<td>NUMBER/ RATIO</td>
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<td>REMARKS</td>
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<td>• Diploma/Certificate of units earned</td>
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<td>• Updated PRC license (if applicable)</td>
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<td>• Certificates of Trainings attended</td>
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<td>• Diploma/Certificate of units earned</td>
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<td>• Updated PRC license Certificates of Trainings attended</td>
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<td><strong>DOCUMENT REVIEW</strong></td>
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<td>• Relevant Training</td>
<td>1 per shift</td>
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<td>• License, if applicable</td>
<td>1 per shift</td>
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<td></td>
<td></td>
<td>• Proof of Employment/Appointment (notarized) if employed by hospital</td>
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<td>• Notarized MOA if outsourced</td>
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</tbody>
</table>

**ADMINSISTRATIVE SERVICES**

Accountant
Bachelor’s Degree in Accountancy (may be outsourced)

Billing Officer
With Bachelor’s Degree relevant to the job

Budget / Finance Officer

Cashier

Human Resources Management Officer/ Personnel Officer

Book keeper

Supply Officer/ Storekeeper
With appropriate training and experience

Medical Records officer
• Bachelor's Degree
• Training in ICD 10
• Training in Medical Records Management

Medical Social worker (Full Time)
Licensed social worker

Nutritionist-Dietician (Full Time)
Licensed nutritionist

Utility Worker
May be outsourced.

Security Guard
Security guard must be licensed.

Laundry worker
<table>
<thead>
<tr>
<th>POSITION</th>
<th>QUALIFICATION</th>
<th>EVIDENCE</th>
<th>NUMBER/RATIO</th>
<th>COMPLIED</th>
<th>REMARKS</th>
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<tbody>
<tr>
<td>CLINICAL SERVICES</td>
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<td>All consultants must be at least board eligible. At least one consultant must be board certified per specialty.</td>
</tr>
</tbody>
</table>
| Consultant Staff in Ob-Gyn, Pediatrics, Medicine, Surgery, and Anesthesia. | Licensed physician, Fellow/Diplomate, ACLS certified (for Surgeons and Anesthesiologists) | DOCUMENT REVIEW  
- Certificate from Specialty society, if applicable (for Board Certified)  
- Residency Training Certificate (for Board Eligible)  
- Certificate of Residency Training/ Medical Specialists (*DOH Medical Specialist, last exam was in 1989)  
- Updated PRC license  
- Certificates of Trainings attended  
- Proof of Employment/ Appointment (notarized) |              |          |                                                          |
| Resident Physician on Duty (Shall not go on duty for more than 48 hours straight). | Licensed physician | DOCUMENT REVIEW  
- Updated PRC license  
- Certificates of Trainings attended  
- Proof of Employment/ Appointment (notarized)  
- Schedule of duty approved by Medical Director/Chief of Hospital |              |          | Wards - 1:20 beds at any given time PLUS ER – at least 1 at any given time *This ratio does not include Resident Physicians on Duty that shall be required for add-on services such as dialysis facility. It shall be counted separately. |
| NURSING SERVICES  |                                                    |                                                                           |              |          | 1:50 Beds Office hours only (8am to 5pm)                                  |
| Supervising Nurse/Nurse Managers | Licensed nurse, With at least nine (9) units of Master's Degree in Nursing, At least two (2) years-experience in general nursing service administration. | DOCUMENT REVIEW  
- Diploma/Certificate of Units Earned  
- Updated PRC license  
- Certificates of Trainings attended  
- Proof of Employment/ Appointment (notarized) |              |          |                                                          |
<table>
<thead>
<tr>
<th>POSITION</th>
<th>QUALIFICATION</th>
<th>EVIDENCE</th>
<th>NUMBER/RATIO</th>
<th>COMPLIED</th>
<th>REMARKS</th>
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</thead>
<tbody>
<tr>
<td>Head Nurse/Senior Nurse</td>
<td>• Licensed nurse</td>
<td>DOCUMENT REVIEW</td>
<td>1:15 staff nurses</td>
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<td></td>
<td>• With at least 2 years-hospital experience</td>
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<td></td>
<td>• BLS certified</td>
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<tr>
<td>Staff Nurse</td>
<td>• Licensed nurse</td>
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<td>Ward - 1:12 Beds at any given time</td>
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<td></td>
<td>• BLS certified</td>
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<td>(plus 1 reliever for every 3 RNs)</td>
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<tr>
<td>Nursing Attendant</td>
<td>• Highschool graduate</td>
<td>DOCUMENT REVIEW</td>
<td>1:24 beds at any given time</td>
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<td>(plus 1 reliever for every 3 NAs)</td>
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<td>• With relevant health-related training (may be in house training)</td>
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<td>Operating Room Nurses:</td>
<td>• Licensed nurse</td>
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<td>1 SN and 1</td>
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<tr>
<td>-Scrub Nurse (SN)</td>
<td>• Training in OR Nursing</td>
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<td>CN per</td>
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<tr>
<td>-Circulating Nurse (CN)</td>
<td>• Training in BLS and ACLS</td>
<td></td>
<td>functioning</td>
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<tr>
<td>Delivery Room Nurse</td>
<td>• Licensed nurse</td>
<td>DOCUMENT REVIEW</td>
<td>1 per 3</td>
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<td></td>
<td>• Training in Maternal and Child Nursing (may be in house training or training in Essential Integrated Newborn Care [EINC])</td>
<td></td>
<td>delivery</td>
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<td></td>
<td>• Training in BLS and ACLS</td>
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<td>table per</td>
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<td>shift</td>
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<td>(plus 1</td>
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<td>reliever for every 3 nurses)</td>
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<td>POSITION</td>
<td>QUALIFICATION</td>
<td>EVIDENCE</td>
<td>NUMBER/RATIO</td>
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<tr>
<td>Emergency Room Nurse</td>
<td>• Licensed nurse&lt;br&gt;• Training in Trauma Nursing, ACLS and other relevant training</td>
<td>approved by Chief Nurse</td>
<td>1:3 beds per shift (plus 1 reliever for every 3 nurses)</td>
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<tr>
<td>Outpatient Department Nurse</td>
<td>• Licensed nurse&lt;br&gt;• Training in BLS</td>
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</tbody>
</table>
## ATTACHMENT 1.B - PHYSICAL PLANT

<table>
<thead>
<tr>
<th>DOCUMENTS</th>
<th>COMPLIED</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DOH - Approved PTC</td>
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<tr>
<td>2. DOH Approved Floor Plan</td>
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<tr>
<td>3. Checklist for Review of Floor Plans (accomplished)</td>
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</table>

**OBSERVATIONS/FINDINGS (may use separate additional sheets if needed):**

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## ATTACHMENT 1.C – EQUIPMENT/INSTRUMENT

<table>
<thead>
<tr>
<th>EQUIPMENT/INSTRUMENT (Functional)</th>
<th>QUANTITY</th>
<th>AREA</th>
<th>COMPLIED</th>
<th>REMARKS</th>
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</thead>
<tbody>
<tr>
<td><strong>ADMINISTRATIVE SERVICE</strong></td>
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<tr>
<td>Ambulance</td>
<td>1</td>
<td>Parking</td>
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</tbody>
</table>
| • If owned by hospital, available 24/7 and physically present if not being used during time of inspection/monitoring  
• If outsourced, shall be on call but able to respond within reasonable time. |          |      |          |         |
<p>| Computer with Internet Access     | 1        | Administrative Office |          |         |
| Emergency Light                   |          | Lobby, hallway, nurses' station, office/unit and stairways |          |         |
| Fire Extinguishers                | 1 per unit or area | lobby, hallway, nurses' station, office/unit and stairways |          |         |
| Generator set with Automatic Transfer Switch (ATS) | 1 | Genset house |          |         |
| <strong>KITCHEN/DIETARY</strong>               |          |      |          |         |
| Exhaust fan                       | 1        |      |          |         |
| Food Conveyor or equivalent (closed-type) | 1 | Kitchen |          |         |
| Food Scale                        | 1        |      |          |         |
| Blender/Osteorizer                | 1        |      |          |         |
| Oven                              | 1        |      |          |         |
| Stove                             | 1        |      |          |         |
| Refrigerator/Freezer             | 1        |      |          |         |
| Utility cart                      | 1        |      |          |         |
| Garbage Receptacle with Cover (color-coded) | 1 for each color | | | |
| <strong>EMERGENCY ROOM</strong>               |          |      |          |         |
| Bag-valve-mask Unit              | 1        |      |          |         |
| - Adult                           | 1        |      |          |         |
| - Pediatric                       | 1        |      |          |         |
| Calculator for dose computation   | 1        |      |          |         |
| Clinical Weighing scale           | 1        |      |          |         |
| Defibrillator with paddles        | 1        |      |          |         |
| Delivery set, primigravid         | 2 sets   |      |          |         |
| Delivery set, multigravid         | 2 sets   |      |          |         |
| ECG Machine with leads            | 1        |      |          |         |
| EENT Diagnostic Set with Ophthalmoscope and Otoscope | 1 | ER | | |
| Emergency Cart (for contents, refer to separate list.) | 1 | | | |
| Examining table                   | 1        |      |          |         |
| Examining table (with Stirrups for OB-Gyne) | 1 | | | |
| Glucometer with strips            | 1        |      |          |         |
| Gooseneck lamp/Examining Light    | 1        |      |          |         |</p>
<table>
<thead>
<tr>
<th>EQUIPMENT/INSTRUMENT (Functional)</th>
<th>QUANTITY</th>
<th>AREA</th>
<th>COMPLIED</th>
<th>REMARKS</th>
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<tbody>
<tr>
<td>Instrument/ Mayo Table</td>
<td>1</td>
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<tr>
<td>Minor Instrument Set (May be used for Tracheostomy, Closed Tube Thoracostomy, Cutdown, etc.)</td>
<td>2 sets</td>
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<tr>
<td>Nebulizer</td>
<td>1</td>
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<tr>
<td>Negatoscope</td>
<td>1</td>
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<tr>
<td>Neurologic Hammer</td>
<td>1</td>
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<tr>
<td>OR Light (portable or equivalent)</td>
<td>1</td>
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<tr>
<td>Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not from pipeline</td>
<td>2</td>
<td>ER</td>
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<tr>
<td>Pulse Oximeter</td>
<td>1</td>
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<tr>
<td>Sphygmomanometer, Non-mercurial</td>
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<tr>
<td>- Adult Cuff</td>
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<tr>
<td>- Pediatric Cuff</td>
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<tr>
<td>Stethoscope</td>
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<td>Suction Apparatus</td>
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<tr>
<td>Suturing Set</td>
<td>2 sets</td>
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<tr>
<td>Thermometer, non-mercurial</td>
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<tr>
<td>- Oral</td>
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<tr>
<td>- Rectal</td>
<td>1</td>
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<tr>
<td>Vaginal Speculum, Different Sizes</td>
<td>1 for each different size</td>
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<tr>
<td>Wheelchair</td>
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<tr>
<td>Wheeled Stretcher with guard/side rails and wheel lock or anchor.</td>
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</table>

**OUT-PATIENT DEPARTMENT**

<p>| Clinical Height and Weight Scale | 1 |      |          |         |
| EENT Diagnostic Set with ophthalmoscope and otoscope | 1 |      |          |         |
| Gooseneck lamp/ Examining Light | 1 |      |          |         |
| Examining table with wheel lock or anchor | 1 |      |          |         |
| Instrument/ Mayo Table           | 1 |      |          |         |
| Minor Instrument Set             | 1 |      |          |         |
| Neurologic Hammer                | 1 |      |          |         |
| Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline | 1 | OPD |          |         |
| Peak flow meter                  | 1 |      |          |         |
| - Adult                          | 1 |      |          |         |
| - Pediatric                      | 1 |      |          |         |
| Sphygmomanometer, Non-mercurial  | 1 |      |          |         |
| - Adult cuff                     | 1 |      |          |         |
| - Pediatric cuff                 | 1 |      |          |         |
| Stethoscope                      | 1 |      |          |         |
| Thermometer, non-mercurial       | 1 |      |          |         |
| - Oral                           | 1 |      |          |         |
| - Rectal                         | 1 |      |          |         |
| Suture Removal Set               | 1 |      |          |         |
| Wheelchair / Wheeled Stretcher   | 1 |      |          |         |</p>
<table>
<thead>
<tr>
<th>EQUIPMENT/INSTRUMENT (Functional)</th>
<th>QUANTITY</th>
<th>AREA</th>
<th>COMPLIED</th>
<th>REMARKS</th>
<th>OPERATING ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air conditioning Unit</td>
<td>1/OR</td>
<td></td>
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<tr>
<td>Anesthesia Machine</td>
<td>1/OR</td>
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<tr>
<td>Cardiac Monitor with Pulse Oximeter</td>
<td>1/OR</td>
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<tr>
<td>Caesarian Section Instrument</td>
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<td>Electrocautery machine</td>
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<tr>
<td>Glucometer with strips</td>
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<tr>
<td>Instrument / Mayo Table</td>
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<tr>
<td>Laparotomy pack (Linen pack)</td>
<td>1 set per OR</td>
<td>OR</td>
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<td>Laparotomy / Major Instrument Set</td>
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<td>Laryngoscopes with different sizes of blades</td>
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<tr>
<td>Operating room light</td>
<td>1 per OR</td>
<td>OR</td>
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<td>Operating room table</td>
<td>1 per OR</td>
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<tr>
<td>Oxygen Unit</td>
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<td>Tank is anchored/chained/ strapped or with tank holder if not pipeline</td>
<td>1 per OR</td>
<td>OR</td>
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<tr>
<td>Rechargeable Emergency Light (in case generator malfunction)</td>
<td>1 per OR</td>
<td>OR</td>
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<tr>
<td>- Adult cuff</td>
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<td>- Pediatric cuff</td>
<td>1 per OR</td>
<td>OR</td>
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<tr>
<td>Suction Apparatus</td>
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<td>Thermometer, non-mercurial</td>
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<tr>
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<td>Wheeled stretcher with guard/side rails and wheel lock or anchor.</td>
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<td>Cardiac Monitor</td>
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<td>PACU/RR</td>
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<td>Mechanical / patient bed, with guard side rails and wheel lock or anchored</td>
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<tr>
<td>Oxygen Unit</td>
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<td>Tank is anchored/chained/ strapped or with tank holder if not pipeline</td>
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<td>Pulse Oximeter</td>
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<td>- Adult cuff</td>
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<tr>
<td>- Pediatric cuff</td>
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<td>Fetal Doppler</td>
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<td>Oxygen Unit</td>
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<td>Air-conditioning Unit</td>
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<td>Bag valve mask unit (Adult and pediatric)</td>
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<tr>
<td>Delivery set, multigravida</td>
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<td>Dilatation and Curettage Set</td>
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<td>1 (if DR is separate from the OR Complex)</td>
<td>DR</td>
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<td>Instrument/Mayo Table</td>
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<td>Kelly Pad or equivalent</td>
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<td>Laryngoscope with different sizes of blades</td>
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<tr>
<td>Oxygen Unit</td>
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<tr>
<td>Tank is anchored/chained/ strapped or with tank holder if not pipeline</td>
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<tr>
<td>Rechargeable Emergency Light (In case of generator malfunctions)</td>
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<tr>
<td>Sphygmomanometer -Non-mercurial</td>
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<tr>
<td>Stethoscope</td>
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<tr>
<td>Suction Apparatus</td>
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<td>Wheeled Stretcher</td>
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<tr>
<td><strong>NURSING UNIT/WARD</strong></td>
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<tr>
<td>Bag-Valve-Mask Unit</td>
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<tr>
<td>- Adult</td>
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<td>NURSING UNIT/WARD</td>
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<td>- Pediatric</td>
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<td>Clinical Height and Weight Scale</td>
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</table>

Nursing units located on the same floor may share the defibrillator and the E-cart.
<table>
<thead>
<tr>
<th>EQUIPMENT/INSTRUMENT (Functional)</th>
<th>QUANTITY</th>
<th>AREA</th>
<th>COMPLIED</th>
<th>REMARKS</th>
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<tbody>
<tr>
<td>Emergency cart or equivalent (refer to separate list for the contents)</td>
<td>1</td>
<td>NURSING UNIT/WARD</td>
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<td>provided that they are not more than 50 meters away from each other.</td>
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<td>Laryngoscope with different sizes of blades</td>
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<tr>
<td>Mechanical/Patient bed with lock, if wheeled; with guard or side rails</td>
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<td>ABC</td>
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<tr>
<td>Bedside Table</td>
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<tr>
<td>Nebulizer</td>
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<tr>
<td>Neurologic Hammer</td>
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<td>Oxygen Unit tank is anchored/chained if not pipeline</td>
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<tr>
<td>- Adult cuff</td>
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<tr>
<td>- Pediatric cuff</td>
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<tr>
<td>Stethoscope</td>
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<tr>
<td>Suction Apparatus</td>
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<td>Thermometer, non-mercurial</td>
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<tr>
<td>- Oral</td>
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<td>- Rectal</td>
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<td>CENTRAL STERILIZING &amp; SUPPLY ROOM</td>
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<td>Autoclave/Steam Sterilizer</td>
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<td>CADAVER HOLDING AREA/ROOM</td>
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<td>Bed or stretcher for cadaver</td>
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<td>CADAVER HOLDING AREA</td>
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# ATTACHMENT 1.D - EMERGENCY CART CONTENTS FOR LEVEL 1 HOSPITAL

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<th>EMERGENCY CART CONTENTS</th>
<th>ER</th>
<th>OR</th>
<th>DR</th>
<th>NS 1</th>
<th>NS 2</th>
<th>NS 3</th>
<th>NS 4</th>
<th>NS 5</th>
<th>NS 6</th>
<th>NS 7</th>
<th>NS 8</th>
<th>NS 9</th>
<th>NS 10</th>
<th>NS 11</th>
<th>NS 12</th>
<th>REMARKS</th>
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<tbody>
<tr>
<td>Adenosine 6 mg/2mL vial</td>
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<td>Amiodarone 150mg/3mL ampule</td>
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<td>Anti-tetanus serum (either equine-based antiserum or human antiserum)</td>
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<td>Aspirin USP grade (325 mg/tablet)</td>
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<td>Atropine 1mg/ml ampule</td>
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<td>B-adrenergic agonists (i.e. Salbutamol 2mg/ml)</td>
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<td>Benzodiazepine (Diazepam 10mg/2ml ampule and/or Midazolam)</td>
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<td>Calcium (usually calcium gluconate 10% solution in 10 mL ampule)</td>
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<td>D50W 50mg/vial</td>
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<td>Digoxin 0.5mg/2mL ampule</td>
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<td>Diphenhydramine 50mg/mL ampule</td>
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<td>Dobutamine 250mg/5mL ampule</td>
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<td>Epinephrine 1mg/ml ampule</td>
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<td>Furosemide 20mg/2mL ampule</td>
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<td>Hydrocortisone 250mg/2mL vial</td>
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<td>Lidocaine 10% in 50mL spray</td>
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<td>Lidocaine 2% solution vial 1g/50ml</td>
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<td>Magnesium sulfate 1g/2mL ampule</td>
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<td>Mannitol 20% solution in 500ml/bottle</td>
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<td>Metoclopramide 10mg/2mL ampule</td>
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<td>Morphine sulfate 10mg/mL ampule</td>
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<td>Nitroglycerin inj. 10 mg/10mL ampule or Isosorbide dinitrate 5mg SL tablet or 10 mg/10mL ampule</td>
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<td>Noradrenaline 2mg/2mL ampule</td>
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<td>Paracetamol 300mg/ampule (IV preparation)</td>
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<td>Phenobarbital 120mg/ml ampule IV or 30mg tablet (in high alert box)</td>
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<td>Phenytoin 100mg/capsule or 100 mg/2mL ampule</td>
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<td>Plain LRS 1L/bottle</td>
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<td>Plain NSS 1L/bottle – 0.9% Sodium Chloride</td>
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<td>Potassium Chloride 40mEq/20mL vial (in high alert box)</td>
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<td>Vitamin B1/6/12 vial (1g B1, 1g B6, 0.01gB12 in 10 mL vial)</td>
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<td>Sodium bicarbonate 50mEq/50mL ampule</td>
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<td>Verapamil 5 mg/2 ml ampule</td>
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<td>Airway adjuncts</td>
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<td>Airway / Intubation Kit ( with stylet and bag valve masks )</td>
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<td>Alcohol disinfectant</td>
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<td>Aseptic bulb syringe</td>
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<td>Capillary Blood Glucose (CBG ) Kit</td>
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<td>Endotracheal Tubes, all sizes</td>
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<td>Gloves, sterile</td>
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<td>Gloves, non-sterile</td>
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<td>Laryngoscope with different sizes of blades</td>
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<td>Protective face shield or mask or goggles</td>
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<td>Sterile gauze (pre-folded and individually packed)</td>
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<td>Syringes (different volumes)</td>
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<td>Urine collection bag</td>
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*Notes:*
ER – Emergency Room
OR – Operating Room
DR – Delivery Room
NS – Nurses’ Station
ASSESSMENT TOOL FOR LEVEL 1 HOSPITAL

ATTACHMENT 1.E – ADD-ON SERVICES CHECKLIST

Level 1 hospitals applying for the following add-on services must comply first with the licensing standards for the following:

1. Physical plant of the desired add-on service by securing an approved DOH Permit to Construct; and
2. Licensing standards for the required ancillary and support units (e.g. tertiary clinical laboratory, Level 2 x-ray facility, board certified specialists, and respiratory therapy unit).

Thus, it is still strongly recommended to upgrade to a higher level of hospital.

A. INTENSIVE CARE UNIT (ICU)

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<tr>
<th>I. ICU PERSONNEL</th>
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<tbody>
<tr>
<td><strong>POSITION</strong></td>
<td><strong>QUALIFICATION</strong></td>
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</table>
| Multidisciplinary Team composed of, but not limited to, board certified Cardiologist, Pulmonologist, Neurologist, Pulmonologist OR an Intensivist | • Licensed physician  
• Fellow/Diplomate | DOCUMENT REVIEW  
• Diploma/Certificate from Specialty society  
• Updated PRC license  
• Certificates of Trainings attended  
• Proof of Employment / Appointment (notarized) | A team composed of at least 1 per specialty  
(May be part time or visiting consultant/s) OR an intensivist |  |
| Nurse | • Licensed nurse  
• Certificate of Training in Critical Care Nursing, ACLS | DOCUMENT REVIEW  
• Diploma  
• Updated PRC license  
• Certificate of trainings attended  
• Proof of employment (notarized)  
• If nursing staffing is outsourced: Validity of the contract of employment should be at least one (1) year and within the validity period of the hospital’s LTO.  
• Schedule of duty approved by Chief Nurse | 1:3 beds at any time per shift (plus 1 reliever for every 3 RNs) |  |
| Nursing Attendant | • Highschool graduate  
• With relevant health-related training (may be in house training) | DOCUMENTS REVIEW  
• Certificates of Trainings attended  
• Proof of Employment (notarized ) | 1:12 beds at any time (plus 1 reliever for every 3 NA/MWs) |  |
## II. ICU EQUIPMENT

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<th>EQUIPMENT/INSTRUMENT (Functional)</th>
<th>QUANTITY</th>
<th>COMPLIED</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Conditioning Unit</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bag-valve-mask Unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adult</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pediatric</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac Monitor with Pulse Oximeter</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defibrillator with paddles</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EENT Diagnostic Set with ophthalmoscope and otoscope</td>
<td>1 set</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Cart (for contents, refer to separate list)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infusion pump</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laryngoscope with different sizes of blades</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical Bed</td>
<td></td>
<td>Depending on the number of beds applied</td>
<td></td>
</tr>
<tr>
<td>Mechanical Ventilator (May be outsourced)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor Instrument Set (May be used for Tracheostomy, Closed Tube Thoracostomy, Cutdown, etc.)</td>
<td>1 set</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen Unit</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Tank is anchored/chained/ strapped or with tank holder if not pipeline</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sphygmomanometer, Non-mercurial</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>- Adult Cuff</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pediatric Cuff</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stethoscope</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction Apparatus</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermometer, Non-mercurial</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## B. NEONATAL INTENSIVE CARE UNIT (NICU)

### I. NICU PERSONNEL

<table>
<thead>
<tr>
<th>POSITION</th>
<th>QUALIFICATION</th>
<th>EVIDENCE</th>
<th>NUMBER / RATIO</th>
<th>COMPLIED</th>
<th>REMARKS</th>
</tr>
</thead>
</table>
| Multidisciplinary team composed of, but not limited to, pediatric cardiologist, pediatric nephrologist, pediatric pulmonologist **OR** a neonatologist | • Licensed physician  
• Fellow/Diplomate | DOCUMENT REVIEW  
- Diploma / Certificate from Specialty society  
- Updated PRC license  
- Certificates of Trainings attended  
- Proof of Employment / Appointment (notarized) | A team composed of at least 1 per specialty (May be part time or visiting consultant) **OR** a neonatologist | | |
## I. NICU PERSONNEL

<table>
<thead>
<tr>
<th>POSITION</th>
<th>QUALIFICATION</th>
<th>EVIDENCE</th>
<th>NUMBER / RATIO</th>
<th>COMPLIED</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>• Licensed nurse&lt;br&gt;• Certificate of Training in Critical Care Nursing, ACLS</td>
<td>DOCUMENT REVIEW&lt;br&gt;- Diploma&lt;br&gt;- Updated PRC license&lt;br&gt;- Certificate of trainings attended&lt;br&gt;- Proof of employment (notarized)&lt;br&gt;- If nursing staffing is outsourced: Validity of the contract of employment should be at least one (1) year and within the validity period of the hospital’s LTO.&lt;br&gt;- Schedule of duty approved by Chief Nurse</td>
<td>1:3 bassinets/incubator/warmer&lt;br&gt;(1 reliever for every 3 RNs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Attendants/ Midwife</td>
<td>• Highschool graduate&lt;br&gt;• With relevant health-related training (may be in house training)</td>
<td>DOCUMENTS REVIEW&lt;br&gt;- Certificates of Trainings attended&lt;br&gt;- Proof of Employment (notarized)</td>
<td>1:12 bassinets/incubator/warmer&lt;br&gt;(1 reliever for every 3 NAs)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## II. NICU EQUIPMENT

<table>
<thead>
<tr>
<th>EQUIPMENT/INSTRUMENT (Functional)</th>
<th>QUANTITY</th>
<th>COMPLIED</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Conditioning Unit</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bassinet</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bilirubin Light / Phototherapy machine or equivalent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac Monitor with Pulse Oximeter</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Infant Bag-valve mask unit</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Infant weighing scale</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defibrillator with paddles</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EENT Diagnostic Set with ophthalmoscope and otoscope</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Cart (for contents, refer to separate list)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucometer</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incubator</td>
<td>Depending on the number of beds applied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infusion pump</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I. NICU EQUIPMENT

<table>
<thead>
<tr>
<th>EQUIPMENT/INSTRUMENT (Functional)</th>
<th>QUANTITY</th>
<th>COMPLIED</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laryngoscope with neonatal blades of different sizes</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical Ventilator (May be outsourced)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal Stethoscope</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen Unit Tank is anchored/chained/strapped or with tank holder if not pipeline</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refrigerator for Breast milk storage</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sphygmomanometer, Non-mercurial - Neonate</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction Apparatus</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermometer, Non-mercurial</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Umbilical Cannulation set</td>
<td>1 set</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. HIGH RISK PREGNANCY UNIT (HRPU)

A. HRPU PERSONNEL

<table>
<thead>
<tr>
<th>POSITION</th>
<th>QUALIFICATION</th>
<th>EVIDENCE</th>
<th>NUMBER / RATIO</th>
<th>COMPLIED</th>
<th>REMARKS</th>
</tr>
</thead>
</table>
| General Obstetricians, preferably with a Perinatologist, and a referral team of IM specialists | • Licensed physician  
• Fellow/Diplomate | DOCUMENT REVIEW  
• Diploma/Certificate from Specialty society  
• Updated PRC license  
• Certificates of Trainings attended  
• Proof of Employment / Appointment (notarized) | General Obstetricians, Perinatologist, and IM specialists (May be part time or visiting consultant) | 1:3 beds at any given time (plus 1 reliever for every 3 RNs) |

| Nurse | Licensed nurse  
• Certificate of Training in Critical Care Nursing, ACLS | DOCUMENT REVIEW  
• Diploma  
• Updated PRC license  
• Certificate of trainings attended  
• Proof of employment (notarized)  
• If nursing staffing is outsourced: Validity of the contract of employment should be at least one (1) year and within the validity | 1:3 beds at any given time (plus 1 reliever for every 3 RNs) |
### A. HRPU PERSONNEL

<table>
<thead>
<tr>
<th>POSITION</th>
<th>QUALIFICATION</th>
<th>EVIDENCE</th>
<th>NUMBER / RATIO</th>
<th>COMPLIED</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>period of the hospital’s LTO.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Schedule of duty approved by Chief Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Attendants/ Midwife</td>
<td>• Highschool graduate</td>
<td>DOCUMENTS REVIEW</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• With relevant health-related training (may be in house training)</td>
<td>• Certificates of Trainings attended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Proof of Employment (notarized)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:12 beds at any given time (plus 1 reliever for every 3 NAs/MWs)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. HRPU EQUIPMENT

<table>
<thead>
<tr>
<th>EQUIPMENT/INSTRUMENT (Functional)</th>
<th>QUANTITY</th>
<th>COMPLIED</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Monitor with Pulse Oximeter</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiotocography (CTG) Machine</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fetal doppler</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen Unit</td>
<td>1</td>
<td></td>
<td>Tank is anchored/chained/ strapped or with tank holder if not pipeline</td>
</tr>
<tr>
<td>Patient bed with side rails</td>
<td>Refer to approved PTC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sphygmomanometer, Non-mercurial</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction Apparatus</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### D. AMBULATORY SURGICAL CLINICS (ASC)
- Refer to assessment tool for ASCs

### E. DIALYSIS CLINICS
- Refer to assessment tool for Dialysis Clinics