LICENSING REQUIREMENTS FOR
LEVEL 4 HOSPITAL

SERVICE CAPABILITY
___ 1. Administrative Service
   ___ 1.1. Personnel
   ___ 1.2. Accounting
   ___ 1.3. Budget and Finance
   ___ 1.4. Medical Records
   ___ 1.5. Property and Supply
   ___ 1.6. Housekeeping ❶
   ___ 1.7. Laundry ❷ and Linen
   ___ 1.8. Engineering ❷
   ___ 1.9. Ambulance Service ❸
   ___ 1.10. Security ❷
   ___ 1.11. Dietary ❷
   ___ 1.12. Social Service
___ 2. Clinical Service
   ___ 2.1. Specialty Clinical Care
      ___ 2.1.1. Department of Medicine
      ___ 2.1.2. Department of Pediatrics
      ___ 2.1.3. Department of Obstetrics and Gynecology
      ___ 2.1.4. Department of Surgery
      ___ 2.1.5. Department of Anesthesia
      ___ 2.1.6. Department of Emergency Medicine
   ___ 2.2. Subspecialty Clinical Care
   ___ 2.3. Critical Care
      ___ 2.3.1. Intensive Care
      ___ 2.3.2. Post Anesthesia Care
      ___ 2.3.3. Pathologic – Premature Nursery
   ___ 2.4. Outpatient Service
   ___ 2.5. Rehabilitation Service ❷
   ___ 2.6. General Dentistry ❷
___ 3. Nursing Service
   ___ 3.1. Highly Specialized Critical Care and Management
      ___ 3.1.1. Medicine
      ___ 3.1.2. Pediatrics
      ___ 3.1.3. Obstetrics and Gynecology
      ___ 3.1.4. Surgery and Anesthesia
   ___ 3.2. Health Education and Counseling

❶ The service may be contracted out. A contract of service or memorandum of agreement with a service provider should be secured as a prerequisite for license to operate.

❷ The service may be contracted out but subject to infection control mechanism. A contract of service or memorandum of agreement with a service provider should be secured as a prerequisite for license to operate.

❸ The service may be contracted out but available for 24 hours 7 days a week and physically present. A contract of service or memorandum of agreement with a service provider should be secured as a prerequisite for license to operate.
LICENSING REQUIREMENTS FOR
LEVEL 4 HOSPITAL

4. Ancillary Service
   4.1. Tertiary Clinical Laboratory
   4.2. Radiology – 3rd Level
   4.3. Pharmacy

5. Accredited Training Program

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4. Secure license from the Bureau of Health Devices and Technology.
5. Secure license from the Bureau of Food and Drugs.
6. At least one accredited residency program for physicians. A certificate of accreditation with an accrediting or certifying body should be secured as a prerequisite for license to operate.
LICENSING REQUIREMENTS FOR
LEVEL 4 HOSPITAL

PERSONNEL

___ 1. Administrative Service
   ___ 1.1. Chief of Hospital 1
   ___ 1.2. Administrative Officer 1
   ___ 1.3. Clerk (pool) 1:50 beds
   ___ 1.4. Accountant 1
   ___ 1.5. Budget Officer 1
   ___ 1.6. Bookkeeper 1
   ___ 1.7. Billing Officer 1
   ___ 1.8. Cashier 1
   ___ 1.9. Cash Clerk 1
   ___ 1.10. Human Resource Management Officer 1
   ___ 1.11. Training Officer 1
   ___ 1.12. Medical Records Officer / Statistician 1
   ___ 1.13. Medical Records Clerk 1:75 beds
   ___ 1.14. Supply Officer 1
   ___ 1.15. Storekeeper 1
   ___ 1.16. Laundry Worker 1:50 beds
   ___ 1.17. Utility Worker 1
       a.m. shift = 1:75 beds
       p.m. shift = 1:75 beds
       night shift = 1
   ___ 1.18. Security Guard 1
       1/shift
   ___ 1.19. Engineer 1
       1
   ___ 1.20. Medical Equipment Technician 1
       1
   ___ 1.21. Maintenance Personnel 1/shift
   ___ 1.22. Mechanic 1
       1
   ___ 1.23. Driver 1
       1/shift
   ___ 1.24. Nutritionist – Dietitian 1:100 beds
   ___ 1.25. Cook 1:100 beds
   ___ 1.26. Food Service Supervisor 1
   ___ 1.27. Food Service Worker 1:50 beds
   ___ 1.28. Medical Social Worker 1

___ 2. Clinical Service
   ___ 2.1. Chief of Clinics 1
   ___ 2.2. Department Head 1/department
   ___ 2.3. Physician 1
       100 beds & below = 8
       every additional 50 beds = additional 3
   ___ 2.4. Physical Therapist 1
       1
   ___ 2.5. Dentist 1
       1
   ___ 2.6. Dental Aide 1
       1

① The personnel may be contracted out. A contract of service or memorandum of agreement with a service provider should be secured as a prerequisite for license to operate.
② The physician must not go on continuous duty for more than forty-eight (48) hours.
## 3. Nursing Service

| 3.1. Chief Nurse | 100 beds & above = 1 |
| 3.2. Assistant Chief Nurse | 50 beds & below = 1 |
| 3.3. Supervising Nurse | 51 – 100 beds = 2 |
| | 101 – 150 beds = 3 |
| | 151 beds & above = 4 |
| 3.4. Supervising Nurse (Critical Care) | 2 |
| 3.5. Head Nurse | 1:15 staff nurses |
| 3.6. Staff Nurse | 1:12 beds at any time |
| 3.7. Staff Nurse (Critical Care) | 1:3 critical care unit beds at any time |
| 3.8. Nursing Attendant / Midwife | 1:24 beds at any time |
| 3.9. Nursing Attendant / Midwife (Critical Care) | 1:15 critical care unit beds at any time |

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3. For every three (3) nurses, there must be one (1) reliever.

4. Critical care unit includes intensive care unit (ICU), post anesthesia care unit (PACU) / recovery room (RR), and pathologic – premature nursery.

5. Nursing attendant / midwife is optional if the authorized bed capacity (ABC) is less than twenty-four (24) beds. If the ABC is 24 beds and above, the ratio will apply. For every three (3) nursing attendants / midwives, there must be one (1) reliever.
## EQUIPMENT / INSTRUMENT

### 1. Administrative Service
- 1.1. Computer / Typewriter 1
- 1.2. Fire Extinguisher 2
- 1.3. Standby Generator with Automatic Transfer Switch 1
- 1.4. Overhead Projector 1
- 1.5. Push Cart 1
- 1.6. Food Conveyor (closed type) 1
- 1.7. Exhaust Fan 1
- 1.8. Food Scale 1
- 1.9. Garbage Receptacle with Cover 1
- 1.10. Osterizer / Blender 1
- 1.11. Oven 1
- 1.12. Refrigerator / Freezer 1
- 1.13. Stove 1
- 1.14. Utility Cart 1
- 1.15. Ambulance

### 2. Clinical Service
- 2.1. Emergency Room
  - 2.1.1. Ambu Bag
    - 2.1.1.1. Adult 1
    - 2.1.1.2. Pediatric 1
  - 2.1.2. Clinical Weighing Scale 1
  - 2.1.3. Defibrillator 1
  - 2.1.4. ECG Machine 1
  - 2.1.5. EENT Diagnostic Set 1
  - 2.1.6. Emergency Cart 1
  - 2.1.7. Examining Table 1
  - 2.1.8. Gooseneck Lamp / Examining Light 1
  - 2.1.9. Instrument Table 1
  - 2.1.10. Laryngoscope with Blades 1
  - 2.1.11. Medicine Cabinet 1
  - 2.1.12. Minor Surgery Instrument Set 1
  - 2.1.13. Nebulizer 1
  - 2.1.14. Neurological Hammer 1
  - 2.1.15. Oxygen Unit 1
  - 2.1.16. Sphygmomanometer
    - 2.1.16.1. Adult Cuff 1
    - 2.1.16.2. Pediatric Cuff Set 1
  - 2.1.17. Stethoscope 1
  - 2.1.18. Suction Apparatus 1
  - 2.1.19. Suturing Set 1
  - 2.1.20. Tracheostomy Set 1
  - 2.1.21. Vaginal Speculum Set 1

*Available for 24 hours 7 days a week.*
LICENSING REQUIREMENTS FOR LEVEL 4 HOSPITAL

___ 2.1.22. Wheelchair 1
___ 2.1.23. Wheeled Stretcher 1

___ 2.2. Outpatient Department
   ___ 2.2.1. Clinical Weighing Scale 1
   ___ 2.2.2. ECG Machine 1
   ___ 2.2.3. EENT Diagnostic Set 1
   ___ 2.2.4. Examining Table 1
   ___ 2.2.5. Gooseneck Lamp / Examining Light 1
   ___ 2.2.6. Instrument Table 1
   ___ 2.2.7. Minor Surgery Instrument Set 1
   ___ 2.2.8. Neurological Hammer 1
   ___ 2.2.9. Oxygen Unit 1
   ___ 2.2.10.2. Pediatric Cuff Set 1
   ___ 2.2.10. Adult Cuff 1
   ___ 2.2.11. Stethoscope 1
   ___ 2.2.12. Suturing Set 1
   ___ 2.2.13. Vaginal Speculum Set 1
   ___ 2.2.14. Wheelchair 1

___ 2.3. Surgical Service
   ___ 2.3.1. Air-conditioning Unit 1/operating room
   ___ 2.3.2. Anesthesia Machine 1/operating room
   ___ 2.3.3. C/S Set 1
   ___ 2.3.4. Instrument Table 1/operating room
   ___ 2.3.5. Laparotomy Set 1/operating room
   ___ 2.3.6. Laryngoscope with Blades 1/operating room
   ___ 2.3.7. Major Surgical Instrument Set 1/operating room
   ___ 2.3.8. OR Light 1/operating room
   ___ 2.3.9. OR Table 1/operating room
   ___ 2.3.10. Ortho Instrument Set 1
   ___ 2.3.11. Oxygen Unit 1/operating room
   ___ 2.3.12. Sphygmomanometer
      ___ 2.3.12.1. Adult Cuff 1/operating room
      ___ 2.3.12.2. Pediatric Cuff Set 1/operating room
   ___ 2.3.13. Spinal Set 1/operating room
   ___ 2.3.14. Stethoscope 1/operating room
   ___ 2.3.15. Suction Apparatus 1/operating room
   ___ 2.3.16. Wheeled Stretcher 1

___ 2.4. Recovery Room
   ___ 2.4.1. Air-conditioning Unit 1
   ___ 2.4.2. Bed with Guard Rail 1
   ___ 2.4.3. Oxygen Unit 1
   ___ 2.4.4. Sphygmomanometer
      ___ 2.4.4.1. Adult Cuff 1
      ___ 2.4.4.2. Pediatric Cuff Set 1
   ___ 2.4.5. Stethoscope 1
   ___ 2.4.6. Suction Apparatus 1
LICENSING REQUIREMENTS FOR
LEVEL 4 HOSPITAL

___ 2.5. Obstetrical Service
  ___ 2.5.1. Air-conditioning Unit 1/delivery room
  ___ 2.5.2. Anesthesia Machine 1/delivery room
  ___ 2.5.3. D/C Set 1/delivery room
  ___ 2.5.4. Delivery Set 1/delivery room
  ___ 2.5.5. DR Light 1/delivery room
  ___ 2.5.6. DR Table with Stirrup 1/delivery room
  ___ 2.5.7. Foetoscope 1
  ___ 2.5.8. Instrument Table 1/delivery room
  ___ 2.5.9. Kelly Pad 1/delivery room
  ___ 2.5.10. Oxygen Unit 1/delivery room
  ___ 2.5.11. Sphygmomanometer
    ___ 2.5.11.1. Adult Cuff 1/delivery room
    ___ 2.5.11.2. Pediatric Cuff Set 1/delivery room
  ___ 2.5.12. Stethoscope 1/delivery room
  ___ 2.5.13. Suction Apparatus 1/delivery room
  ___ 2.5.14. Wheeled Stretcher 1

___ 2.6. Pathologic – Premature Nursery
  ___ 2.6.1. Air-conditioning Unit 1
  ___ 2.6.2. Bassinet 1
  ___ 2.6.3. Bili Light 1
  ___ 2.6.4. Cardiac Monitor 1
  ___ 2.6.5. Emergency Cart 1
  ___ 2.6.6. Examining Light 1
  ___ 2.6.7. Incubator 1
  ___ 2.6.8. Infant Ambu Bag 1
  ___ 2.6.9. Infant Weighing Scale 1
  ___ 2.6.10. Oxygen Unit 1
  ___ 2.6.11. Respirator 1
  ___ 2.6.12. Stethoscope 1
  ___ 2.6.13. Suction Apparatus 1

___ 2.7. Nursing Unit
  ___ 2.7.1. Ambu Bag
    ___ 2.7.1.1. Adult 1/nursing unit
    ___ 2.7.1.2. Pediatric 1/nursing unit
  ___ 2.7.2. Bedside Table
  ___ 2.7.3. Circo Electric Bed 1
  ___ 2.7.4. Clinical Weighing Scale 1/nursing unit
  ___ 2.7.5. ECG Machine 1
  ___ 2.7.6. Emergency Cart 1/nursing unit
  ___ 2.7.7. Mechanical Bed
  ___ 2.7.8. Nebulizer 1/nursing unit
  ___ 2.7.9. Oxygen Unit 1/nursing unit
  ___ 2.7.10. Sphygmomanometer
    ___ 2.7.10.1. Adult Cuff 1/nursing unit

* The number depends on authorized bed capacity (ABC).
LICENSING REQUIREMENTS FOR LEVEL 4 HOSPITAL

2.7.10.2. Pediatric Cuff Set 1/nursing unit
2.7.11. Stethoscope 1/nursing unit
2.7.12. Suction Apparatus 1/nursing unit

2.8. Intensive Care Unit
2.8.1. Air-conditioning Unit 1
2.8.2. Ambu Bag
  2.8.2.1. Adult 1
  2.8.2.2. Pediatric 1
2.8.3. Bed with Guard Rail 1
2.8.4. Cardiac Monitor 1
2.8.5. Defibrillator 1
2.8.6. ECG Machine 1
2.8.7. Emergency Cart 1
2.8.8. Endotracheal Tube 1
2.8.9. Laryngoscope with Blades 1
2.8.10. Oxygen Unit 1
2.8.11. Sphygmomanometer
  2.8.11.1. Adult Cuff 1
  2.8.11.2. Pediatric Cuff Set 1
2.8.12. Stethoscope 1
2.8.13. Suction Apparatus 1
2.8.14. Tracheostomy Set 1

2.9. Rehabilitation Room
2.9.1. Bicycle Ergonometer 1
2.9.2. Electrical Stimulator 1
2.9.3. Exercise Plinth / Bed 1
2.9.4. Exercise Stair with Rail 1
2.9.5. Overhead Pulley 1
2.9.6. Paraffin Wax 1
2.9.7. Parallel Bars with Postural Mirror 1
2.9.8. TENS 1
2.9.9. Ultrasound 1

2.10. Central Sterilizing and Supply Room
2.10.1. Autoclave 1

When the service is contracted out, these equipment are not required. However, a contract of service or memorandum of agreement with a service provider should be secured as a prerequisite for license to operate.
PHYSICAL PLANT

___ 1. Administrative Service
   ___ 1.1. Lobby
   ___ 1.1.1. Waiting Area
   ___ 1.1.2. Information and Reception Area
   ___ 1.1.3. Communication Booth
   ___ 1.1.4. Toilet
   ___ 1.2. Admitting Office
   ___ 1.3. Business Office
   ___ 1.3.1. Billing
   ___ 1.3.2. Cashier
   ___ 1.3.3. Budget and Finance
   ___ 1.4. Medical Records Office
   ___ 1.5. Personnel Office
   ___ 1.6. Office of the Administrative Officer
   ___ 1.7. Office of the Chief of Hospital
   ___ 1.8. Office of the Chief of Clinics
   ___ 1.9. Conference and Training Room
   ___ 1.10. Library
   ___ 1.11. Staff Toilet
   ___ 1.12. Laundry 1 and Linen Office
   ___ 1.12.1. Sorting and Washing Area 1
   ___ 1.12.2. Pressing and Ironing Area 1
   ___ 1.12.3. Storage Area
   ___ 1.13. Engineering 1
   ___ 1.13.1. Maintenance Area 1
   ___ 1.13.2. Housekeeping Area 1
   ___ 1.13.3. Motorpool 1 and Ambulance Parking Area
   ___ 1.14. Property and Supply Office
   ___ 1.15. Waste Holding Room
   ___ 1.16. Dietary 1
   ___ 1.16.1. Nutritionist – Dietitian Office
   ___ 1.16.2. Supply Receiving Area 1
   ___ 1.16.3. Cold and Dry Storage Area 1
   ___ 1.16.4. Food Preparation Area 1
   ___ 1.16.5. Cooking and Baking Area 1
   ___ 1.16.6. Serving and Food Assembly Area
   ___ 1.16.7. Washing Area
   ___ 1.16.8. Garbage Disposal Area
   ___ 1.16.9. Dining Area
   ___ 1.16.10. Toilet 1
   ___ 1.17. Social Service Office

1 When the services are contracted out, these areas are not required. However, a contract of service or memorandum of agreement with a service provider should be secured as a prerequisite for license to operate.
LICENSING REQUIREMENTS FOR
LEVEL 4 HOSPITAL

1.18. Mortuary

2. Clinical Service

2.1. Emergency Room
   2.1.1. Waiting Area
   2.1.2. Toilet
   2.1.3. Nurse Station
   2.1.4. Examination and Treatment Area with Lavatory/Sink
   2.1.5. Observation Area
   2.1.6. Equipment and Supply Storage Area
   2.1.7. Wheeled Stretcher Area
   2.1.8. Doctor-On-Duty Room

2.2. Outpatient Department
   2.2.1. Waiting Area
   2.2.2. Toilet
   2.2.3. Admitting and Records Area
   2.2.4. Examination and Treatment Area with Lavatory/Sink
   2.2.5. Consultation Area
   2.2.6. Dental Clinic
   2.2.7. Office of the Department Head
      2.2.7.1. Medicine
      2.2.7.2. Pediatrics
      2.2.7.3. Obstetrics and Gynecology
      2.2.7.4. Surgery
      2.2.7.5. Anesthesia
      2.2.7.6. Emergency Medicine

2.3. Surgical Service
   2.3.1. Major Operating Room
   2.3.2. Minor Operating Room
   2.3.3. Recovery Room
   2.3.4. Sub-sterilizing Area/Work Area
   2.3.5. Sterile Instrument, Supply and Storage Area
   2.3.6. Scrub-up Area
   2.3.7. Clean-up Area
   2.3.8. Male Dressing Room and Toilet
   2.3.9. Female Dressing Room and Toilet
   2.3.10. Nurse Station/Work Area
   2.3.11. Wheeled Stretcher Area
   2.3.12. Janitor’s Closet

2.4. Obstetrical Service
   2.4.1. Delivery Room
   2.4.2. Labor Room with Toilet
   2.4.3. Sub-sterilizing Area/Work Area
   2.4.4. Sterile Instrument, Supply and Storage Area
   2.4.5. Scrub-up Area
   2.4.6. Clean-up Area
   2.4.7. Male Dressing Room and Toilet
   2.4.8. Female Dressing Room and Toilet
LICENSING REQUIREMENTS FOR
LEVEL 4 HOSPITAL

___ 2.4.9. Nurse Station/Work Area
___ 2.4.10. Wheeled Stretcher Area
___ 2.4.11. Janitor’s Closet

___ 2.5. Pathologic – Premature Nursery
___ 2.5.1. Pathologic Room
___ 2.5.2. Premature Room
___ 2.5.3. Work Area with Sink
___ 2.5.4. Viewing Area
___ 2.5.5. Breastfeeding Area

___ 2.6. Nursing Unit
___ 2.6.1. Patient Room
___ 2.6.2. Toilet
___ 2.6.3. Isolation Room with Toilet
___ 2.6.4. Nurse Station
    ___ 2.6.4.1. Utility Area
    ___ 2.6.4.2. Linen Area
    ___ 2.6.4.3. Toilet
___ 2.6.5. Treatment and Medication Area with Lavatory/Sink
___ 2.6.6. Doctor-On-Duty Room
___ 2.6.7. Garbage Bin Room
___ 2.6.8. Janitor’s Closet

___ 2.7. Intensive Care Unit
___ 2.7.1. Nurse Station
___ 2.7.2. Toilet
___ 2.7.3. Patient Area
___ 2.7.4. Dressing Area
___ 2.7.5. Equipment and Supply Storage Area

___ 2.8. Rehabilitation Room

___ 2.9. Central Sterilizing and Supply Room
___ 2.9.1. Receiving and Releasing Area
___ 2.9.2. Work Area
___ 2.9.3. Sterilizing Area
___ 2.9.4. Sterile Supply Storage Area

___ 2.10. Nursing Service
___ 2.10.1. Nursing Office
___ 2.10.2. Toilet

___ 3. Ancillary Service
___ 3.1. Tertiary Clinical Laboratory
    ___ 3.1.1. Clinical Work Area with Lavatory/Sink
    ___ 3.1.2. Pathologist Area
    ___ 3.1.3. Microbiology Room
    ___ 3.1.4. Toilet
___ 3.2. Radiology – 2nd Level
    ___ 3.2.1. X – Ray Room with Control Booth, Dressing Area and Toilet

A minimum of 60 square meters in clinical work area is required (excluding toilet, extraction and reception area).
LICENSING REQUIREMENTS FOR
LEVEL 4 HOSPITAL

___ 3.2.2. Dark Room
___ 3.2.3. Film File and Storage Area
___ 3.2.4. Radiologist Area
___ 3.3. Pharmacy ③

③ A minimum of 15 square meters in floor area is required.