



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

ANNEX H-7
A.O. No. 2016- 0042

**CHECKLIST FOR REVIEW OF FLOOR PLANS
INFIRMARY**

Name of Health Facility: _____

Address: _____

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

1. PHYSICAL PLANT

___ **1.1 Administrative Service**

- ___ 1.1.1 Waiting Area
- ___ 1.1.2 Admitting Area/Section
- ___ 1.1.3 Public Toilet (M/F/PWD)
- ___ 1.1.4 Staff Toilet
- ___ 1.1.5 Administrative and Business Office
- ___ 1.1.6 Office of the Medical Director/Head of Facility
- ___ 1.1.7 Supply Room
- ___ 1.1.8 Laundry Area*
- ___ 1.1.9 Housekeeping Room
- ___ 1.1.10 Parking Area
- ___ 1.1.11 Central Waste Storage Area
- ___ 1.1.12 Kitchen*
- ___ 1.1.13 Medical Records Room
- ___ 1.1.14 Cadaver Holding Room

___ **1.2 Clinical Services**

- ___ 1.2.1 Emergency/Outpatient
 - ___ 1.2.1.1 Consultation Area
 - ___ 1.2.1.2 Examination and Treatment Area with sink or lavatory
 - ___ 1.2.1.3 Waiting Area
 - ___ 1.2.1.4 Nurses' Station with Work Area with sink
 - ___ 1.2.1.5 Equipment and Supply Storage Area
 - ___ 1.2.1.6 Wheeled stretcher and wheelchair area
 - ___ 1.2.1.7 Toilet
- ___ 1.2.2 Delivery
 - ___ 1.2.2.1 Labor Room with toilet
 - ___ 1.2.2.2 Scrub-up Area
 - ___ 1.2.2.3 Birthing Room
 - ___ 1.2.2.3.1 Newborn Resuscitation Area
 - ___ 1.2.2.3.2 Equipment and Supply Area
 - ___ 1.2.2.4 Clean-up and Sterilization Room
 - ___ 1.2.2.5 Janitor's closet with mop sink

*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.

- ___ **1.3 Nursing Service**
 - ___ 1.3.1 Nurses' Station with Nurse Supervisor's Area
 - ___ 1.3.2 Patient Room with toilet
 - ___ 1.3.3 Minimum of one (1) toilet on each floor accessible to the disabled

2. PLANNING AND DESIGN

- ___ 2.1 Floor plans properly identified and completely labeled
- ___ 2.2 Conforms to applicable codes as part of normal professional service:
 - ___ 2.2.1 Exits restricted to the following types: door leading directly outside the building, interior stair, ramp, and exterior stair
 - ___ 2.2.2 Minimum of two (2) exits, remote from each other, for each floor of the building
 - ___ 2.2.3 Exits terminate directly at an open space to the outside of the building
 - ___ 2.2.4 Minimum of one (1) toilet on each floor accessible to the disabled
- ___ 2.3 Meets prescribed functional programs:
 - ___ 2.3.1 Main entrance of the infirmary directly accessible from public road
 - ___ 2.3.2 Ramp for clinical, nursing and ancillary services located on the upper floor
 - ___ 2.3.3 Administrative Service
 - ___ 2.3.3.1 Administrative and business office located near the main entrance of the infirmary
 - ___ 2.3.4. Emergency and Outpatient
 - ___ 2.3.4.1 Located in the ground floor to ensure easy access for patients
 - ___ 2.3.4.2 Ramp for wheelchair access
 - ___ 2.3.4.3 Nurses' station located to permit observation of patient and control of access to entrance, waiting area, and treatment area
 - ___ 2.3.4.4 Separate toilets for patients and staff
 - ___ 2.3.5 Birthing Room
 - ___ 2.3.5.1 Located and arranged to prevent non-related traffic through the room
 - ___ 2.3.5.2 Scrub-up area recessed into an alcove or other open space out of the main traffic
 - ___ 2.3.6 Separate toilets and wards for male and female patients
 - ___ 2.3.7 Nursing Service
 - ___ 2.3.7.1 Nurses' station located and designed to allow visual observation of patient and movement into the nursing unit
 - ___ 2.3.7.2 Toilet immediately accessible from each room in a nursing unit

COMMENTS:



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Name of Health Facility: _____

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COMMENTS:

HEALTH FACILITIES EVALUATION AND REVIEW COMMITTEE (HFERC)

[] Approved [] Disapproved

Chairperson, HFERC

Vice-Chairperson, HFERC

Member

Member

Member

Member

Member

Member

