



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

ASSESSMENT TOOL FOR LICENSING AN AMBULATORY SURGICAL CLINIC
Oral and Maxillo-Facial Surgery

I. GENERAL INFORMATION

Name of Ambulatory Surgical Clinic : _____

Address : _____

No. & Street _____ Barangay _____

City/ Municipality _____ Province _____ Region _____

Geographic Coordinates of the Facility: Latitude: _____ Longitude: _____

Telephone/Fax Number : _____

Name of Owner/ Administrator : _____

Classification According to
Ownership : Government ☐ ☐
Private ☐ ☐

Status of Application : Initial ☐ ☐
Renewal ☐ ☐

License Number _____

Date Issued _____

Expiry Date _____

II. COMPLIANCE WITH STANDARDS

Instructions:

Conduct a tour of the facility. Interview the owner and/or authorized representative. Put a check (/) on the appropriate boxes. Write N/A if not applicable.

A. Administrative

1. Efficient and effective governance ensure a planned and coordinated service delivery system appropriate to the needs of patients and service providers.

1.1 There is a written vision and mission statement stating the goals ☐ Yes ☐ No
and objectives of the clinic.

2. Dental records contain patient information that is uniquely identifiable, accurately recorded, current, confidential and accessible when required.

2.1 Confidentiality of patient information is maintained at all times by [] Yes [] No providing appropriate storage areas.

2.2 Diagnoses, procedures, and/ or operations performed on patients [] Yes [] No are recorded using ICD-10.

2.3 Patient Charts are properly and completely filled up and contain up-to-date information on the following:

Content of Patient Chart	Available
Identification Data	
Chief Complaint	
History of Present Illness	
Diagnosis	
Dentist	
Clinical Laboratory Report, where applicable	
X-ray Report, where applicable	
Consultation/ Referral Notes, where applicable	
Medication/ Treatment	
Informed Consent	
Record of Operative Technique	
Anesthesia Record	
Post-Operative Record	

3. Human resource management processes are conducted in accordance with good employment practices.

3.1 Personnel hired are qualified and competent on the basis of [] Yes [] No appropriate education, training, skills and experiences.

3.2 New personnel receive an orientation that covers the essential [] Yes [] No components of the service being provided.

3.3 The performance of personnel is monitored and evaluated. [] Yes [] No

4. Effective and efficient methods are used to identify areas for improvement of the quality management system performance.

4.1 The clinic has an established, documented and maintained [] Yes [] No quality management program that reflects continuous quality improvement principles.

4.2 There is a system for recording, reporting, investigation, analysis, corrective action and review process for adverse, unplanned, or untoward events such as:

Accidents, incidents, near misses, and adverse clinical events [] Yes [] No

Complaints and suggestions [] Yes [] No

Others, specify: _____ [] Yes [] No

B. Clinical

1. The health facility appoints and allocates personnel who are suitably qualified, skilled and/or experienced to provide the service and meet patient needs.
 - 1.1 Each personnel are qualified, skilled and/or experienced to [] Yes [] No assume the responsibilities, authority, accountability and functions of the position.
 - 1.2 Professional qualifications are validated, including evidence of [] Yes [] No professional registration/ license, where applicable, prior to and during employment.
2. All equipment/ instruments necessary for the safe and effective provision of services are available and are properly maintained.
 - 2.1 Records of equipment are maintained and updated regularly. [] Yes [] No
 - 2.2 A preventive maintenance program ensures that all equipment [] Yes [] No are maintained and/or calibrated to an appropriate standard or specification.
 - 2.3 There is a plan in place for essential equipment replacement. [] Yes [] No
 - 2.4 Personnel are competent when using equipment in line with [] Yes [] No manufacturer's instruction/ operational manual.
 - 2.5 Operational manuals of all equipment and instruments are [] Yes [] No available for reference and guidance.
3. Services in the clinic are provided in an environment that ensures physical privacy, promotes safety, has adequate space and meets the needs of patients, service providers and other stakeholders.

Environment

- 3.1 Free from undue noise, smoke, dust, foul odor, and flood. [] Yes [] No
- 3.2 Not located adjacent to railroads, freight yards, children's [] Yes [] No playgrounds, airports, industrial plants, and waste disposal plants.

Physical Facilities and Utility Systems

- 3.3 All physical facilities and utility systems necessary for the safe [] Yes [] No and effective provision of services are available and are properly maintained.
- 3.4 A building maintenance program is in place to ensure that all [] Yes [] No buildings/ facilities are kept in a state of good repair.
- 3.5 A building/ facility inventory is maintained and updated regularly. [] Yes [] No
Frequency: _____
- 3.6 Floors, walls and ceiling are made of sturdy materials that allow [] Yes [] No durability and ease of cleaning.
- 3.7 The clinic has an approved power supply system. [] Yes [] No
- 3.8 Panel boards and feeders are properly coded and labeled. [] Yes [] No

- 3.9 The clinic has an approved water supply system. [☐] Yes [☐] No
- 3.10 The clinic has available water supply that is potable and safe for drinking. [☐] Yes [☐] No
- 3.11 Records of water analysis (bacteriological examination) are available and updated regularly (at least annually). [☐] Yes [☐] No

Frequency: _____

Safety and Security

- 3.12 Buildings pose no hazards to the life and safety of patients, personnel and public. [☐] Yes [☐] No
- 3.13 Exits are restricted to the following types: door leading directly outside the building, interior stair, ramp, and exterior stair. [☐] Yes [☐] No
- 3.14 Exits terminate directly at an open space to the outside of the building. [☐] Yes [☐] No
- 3.15 The clinic ensures the security of person and property within the facility. [☐] Yes [☐] No

Disaster Preparedness

- 3.16 The clinic has a posted plan for evacuation of patients, personnel and visitors in case of fire or other emergencies. [☐] Yes [☐] No

Lighting, Ventilation, Exposure to Environmental Tobacco Smoke

- 3.17 Areas used by patients and personnel are adequately lighted and ventilated. [☐] Yes [☐] No
- 3.18 Smoking is absolutely prohibited throughout the clinic in accordance with R.A. 9211 Tobacco Regulation Act of 2003. [☐] Yes [☐] No

Patient Accessibility and Movement

- 3.19 Areas ensure ease of access for people with a disability. [☐] Yes [☐] No
- 3.20 Adequate space is provided to allow patients and personnel to move safely around. [☐] Yes [☐] No

Auditory and Visual Privacy

- 3.21 Adequate privacy for patients is provided such that sensitive or private discussion, examination, and/or procedure are conducted in a manner or environment where these cannot be observed, or the risk of being overheard by others is minimized. [☐] Yes [☐] No

Signage

- 3.22 There are visual aids and devices for:
- | | | |
|-----------------------------|----------------------------------|---------------------------------|
| Information and Orientation | [<input type="checkbox"/>] Yes | [<input type="checkbox"/>] No |
| Direction | [<input type="checkbox"/>] Yes | [<input type="checkbox"/>] No |
| Identification | [<input type="checkbox"/>] Yes | [<input type="checkbox"/>] No |
| Prohibition and Warning | [<input type="checkbox"/>] Yes | [<input type="checkbox"/>] No |

Sanitation

3.23 The clinic observes pest and vermin control. [☐] Yes [☐] No

Waste Management

3.24 The clinic has a waste management program that complies with current legislation, local government requirements, and the Health Care Waste Management Manual of the Department of Health, 2004. [☐] Yes [☐] No

3.25 The clinic observes safe and appropriate handling, storage and disposal of wastes. [☐] Yes [☐] No

3.26 Liquid waste is discharged into a multi-chamber septic tank. [☐] Yes [☐] No

OR

Liquid waste is discharged into municipal/city sewers that are connected to a sewage treatment plant. [☐] Yes [☐] No

3.27 Solid waste is collected, treated and disposed of in accordance with the Health Care Waste Management Manual of the Department of Health, 2004. [☐] Yes [☐] No

3.28 The clinic observes segregation, coding and labeling of waste.

Black Trash Bag (General – Non-Infectious – Dry) [☐] Yes [☐] No

Green Trash Bag (General – Non-Infectious – Wet) [☐] Yes [☐] No

Yellow Trash Bag (Infectious – Pathological) [☐] Yes [☐] No

Sharp Container (Sharps) [☐] Yes [☐] No

3.29 Protective equipment and clothing appropriate to the risks associated with the handling, storage, and disposal of wastes are provided to and used by personnel. [☐] Yes [☐] No

4. The clinic has a Memorandum of Agreement with one or more hospitals with service capability of at least a **Level 3** Hospital for the provision of inpatient care especially during emergencies and other hospital services. [☐] Yes [☐] No

5. If ancillary service is available, appropriate regulatory requirements must be met.

Ancillary Service	Available	License Number	Date Issued	Validity	Remarks
Radiology					

III. COMPLIANCE WITH REQUIREMENTS

Instructions:

Conduct a tour of the facility. Interview the owner and/or authorized representative. Put a check (/) on the appropriate boxes. Write N/A if not applicable.

A. Service Capability

Procedures	Available	Performed under Local Anesthesia	Performed under General Anesthesia
1. Trauma Management	[] Yes [] No	[] Yes [] No	[] Yes [] No
1.1. Dento-alveolar fracture/ trauma	[] Yes [] No	[] Yes [] No	[] Yes [] No
1.2. Soft tissue injury (i.e. laceration, abrasion, contusion, penetration, burns)	[] Yes [] No	[] Yes [] No	[] Yes [] No
1.3. Temporary immobilization of fracture of the jaws	[] Yes [] No	[] Yes [] No	[] Yes [] No
1.4. Temporo-mandibular joint dislocation	[] Yes [] No	[] Yes [] No	[] Yes [] No
1.5. Close reduction (simple jaw fracture)	[] Yes [] No	[] Yes [] No	[] Yes [] No
2. Dental Implant	[] Yes [] No	[] Yes [] No	[] Yes [] No
2.1. Sinus lifting	[] Yes [] No	[] Yes [] No	[] Yes [] No
2.2. Lateral nerve repositioning	[] Yes [] No	[] Yes [] No	[] Yes [] No
2.3. Bone grafting	[] Yes [] No	[] Yes [] No	[] Yes [] No
3. Pre – Prosthetic Surgery	[] Yes [] No	[] Yes [] No	[] Yes [] No
3.1. Alveoloplasty/ alveolectomy	[] Yes [] No	[] Yes [] No	[] Yes [] No
3.2. Removal of bony exostosis (torus)	[] Yes [] No	[] Yes [] No	[] Yes [] No
3.3. Vestibuloplasty	[] Yes [] No	[] Yes [] No	[] Yes [] No
3.4. Frenectomy	[] Yes [] No	[] Yes [] No	[] Yes [] No
3.5. Bone augmentation	[] Yes [] No	[] Yes [] No	[] Yes [] No
3.6. Gingivectomy	[] Yes [] No	[] Yes [] No	[] Yes [] No
4. Management of Cystic Lesions	[] Yes [] No	[] Yes [] No	[] Yes [] No
4.1. Enucleation	[] Yes [] No	[] Yes [] No	[] Yes [] No
4.2. Marsupialization	[] Yes [] No	[] Yes [] No	[] Yes [] No

Procedures	Available	Performed under Local Anesthesia	Performed under General Anesthesia
5. Management of Oral Benign Lesions	[] Yes [] No	[] Yes [] No	[] Yes [] No
5.1. Excision	[] Yes [] No	[] Yes [] No	[] Yes [] No
6. Management of Impacted Teeth	[] Yes [] No	[] Yes [] No	[] Yes [] No
6.1. Odontectomy	[] Yes [] No	[] Yes [] No	[] Yes [] No
7. Management of Localized Odontogenic Infections	[] Yes [] No	[] Yes [] No	[] Yes [] No
7.1. Incision and Drainage	[] Yes [] No	[] Yes [] No	[] Yes [] No
7.2. Debridement	[] Yes [] No	[] Yes [] No	[] Yes [] No
8. Management of Complications of Maxillary Sinus of Dental Origin	[] Yes [] No	[] Yes [] No	[] Yes [] No
8.1. Closure of Oro-antral fistula	[] Yes [] No	[] Yes [] No	[] Yes [] No
8.2. Caldwell-luc technique	[] Yes [] No	[] Yes [] No	[] Yes [] No
9. Biopsy	[] Yes [] No	[] Yes [] No	[] Yes [] No
9.1. Incision	[] Yes [] No	[] Yes [] No	[] Yes [] No
9.2. Excision	[] Yes [] No	[] Yes [] No	[] Yes [] No
9.3. Aspiration	[] Yes [] No	[] Yes [] No	[] Yes [] No
10. Periodontal Surgery	[] Yes [] No	[] Yes [] No	[] Yes [] No
11. Endodontic Surgery	[] Yes [] No	[] Yes [] No	[] Yes [] No
12. Cleft Lip	[] Yes [] No	N/A	[] Yes [] No
12.1 Cheiloplasty	[] Yes [] No	N/A	[] Yes [] No

B. Personnel

Procedures	Performed under Local Anesthesia	Available	Performed under General Anesthesia	Available
1. Trauma Management	Oral Surgeon <ul style="list-style-type: none"> Registered Dentist with valid PRC Identification Card Certificate of Membership in the Philippine College of Oral and Maxillo-Facial Surgeons (PCOMS) or Certificate of Proficiency (6 months training) from a local/ foreign institution recognized by PCOMS Can be on-call 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oral Surgeon <ul style="list-style-type: none"> Registered Dentist with valid PRC Identification Card Certificate of Membership in the Philippine College of Oral and Maxillo-Facial Surgeons (PCOMS) or Certificate of Proficiency (6 months training) from a local/ foreign institution recognized by PCOMS Can be on-call 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Dental Implant				
3. Pre – Prosthetic Surgery				
4. Management of Cystic Lesions				
5. Management of Oral Benign Lesions				
6. Management of Impacted Teeth				
7. Management of Localized Odontogenic Infections				
8. Management of Complications of Maxillary Sinus of Dental Origin				
9. Biopsy	Dental Assistant <ul style="list-style-type: none"> Duty is limited to non-therapeutic, non-restorative, and adjunctive procedure Work under the direct supervision of the Oral and Maxillo-Facial Surgeon 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Periodontal Surgery			Anesthesiologist <ul style="list-style-type: none"> Certification from the Philippine Society of Anesthesiologists Can be on-call 	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Endodontic Surgery				

Procedures	Performed under Local Anesthesia	Available	Performed under General Anesthesia	Available
12. Cleft Lip	N/A	N/A	Oral and Maxillo-Facial Surgeon <ul style="list-style-type: none"> Registered Dentist with valid PRC Identification Card Certificate of Membership in the Philippine College of Oral and Maxillo-Facial Surgeons (PCOMS) or Certificate of Proficiency (4 years residency) from a local/ foreign institution recognized by PCOMS Can be on-call 	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Registered Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Anesthesiologist <ul style="list-style-type: none"> Certification from the Philippine Society of Anesthesiologists Can be on-call 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Others:

1. Clerk ☐ Yes ☐ No
 2. Utility Worker ☐ Yes ☐ No

C. Equipment/ Instruments

Items	Used under Local Anesthesia	Used under General Anesthesia
1. Ambu bag	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Anesthesia machine (with tanks of gases and gauges)	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Autoclave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Basic oral surgery instruments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Cardiac monitor	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Items	Used under Local Anesthesia	Used under General Anesthesia
6. Dental unit/ chair	[] Yes [] No	N/A
7. Defibrillator	N/A	[] Yes [] No
8. Electrocautery	[] Yes [] No	[] Yes [] No
9. Emergency cart/ tray (with emergency medicines)	[] Yes [] No	[] Yes [] No
10. Endotracheal tubes (all sizes)	N/A	[] Yes [] No
11. Face mask	N/A	[] Yes [] No
12. High-speed hand piece (air-driven or motor-driven) with surgical burs	[] Yes [] No	[] Yes [] No
13. Instrument table	N/A	[] Yes [] No
14. Intravenous stand	N/A	[] Yes [] No
15. Laryngoscope with adult and pediatric blades (curve and straight), spare bulb and battery	N/A	[] Yes [] No
16. Operating light	N/A	[] Yes [] No
17. Operating table	N/A	[] Yes [] No
18. Oxygen tank	[] Yes [] No	[] Yes [] No
19. Peri-apical x-ray machine (with apron)	[] Yes [] No	[] Yes [] No
20. Pulse oximeter (with probe)	N/A	[] Yes [] No
21. Sphygmomanometer (with stethoscope)	[] Yes [] No	[] Yes [] No
22. Sterilizing tray and solution	N/A	[] Yes [] No
23. Stretcher/ Patient bed	N/A	[] Yes [] No
24. Suction machine	[] Yes [] No	[] Yes [] No
25. Tracheostomy set	N/A	[] Yes [] No
26. X-ray film viewer	[] Yes [] No	[] Yes [] No
<i>For Trauma Management, plus</i>		
27. Arch bars and wires	[] Yes [] No	[] Yes [] No

Items	Used under Local Anesthesia	Used under General Anesthesia
28. Splinting materials	[] Yes [] No	[] Yes [] No
<i>For Dental Implant, plus</i>		
29. Implant delivery system	[] Yes [] No	[] Yes [] No

Others:

- | | | |
|--|---------|--------|
| 1. Emergency Lights | [] Yes | [] No |
| 2. Fire Extinguisher | [] Yes | [] No |
| 3. Patient Transport Vehicle (can be outsourced) | [] Yes | [] No |
| 4. Personnel Protective Device | [] Yes | [] No |
| 5. Standby Generator | [] Yes | [] No |

D. Physical Plant

Spaces	Provided under Local Anesthesia	Provided under General Anesthesia
1. Clean-up area	[] Yes [] No	[] Yes [] No
2. Dressing area/ room	[] Yes [] No	[] Yes [] No
3. Examination/ treatment area (with air conditioning unit)	[] Yes [] No	[] Yes [] No
4. Operating room (with air conditioning unit)	N/A	[] Yes [] No
5. Recovery room	N/A	[] Yes [] No
6. Scrub-up area (with sink and water supply)	[] Yes [] No	[] Yes [] No
7. Sterile instrument, supply and storage area	[] Yes [] No	[] Yes [] No
8. Sterilizing area/ room	[] Yes [] No	[] Yes [] No
9. Toilet	[] Yes [] No	[] Yes [] No

Others:

- | | | |
|--|---------|--------|
| 1. Waiting Area | [] Yes | [] No |
| 2. Receiving, Billing and Records Area | [] Yes | [] No |



Republic of the Philippines
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HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

Name of Health Facility: _____

Date of Inspection/Monitoring: _____

RECOMMENDATIONS:

A. For Licensing Process:

[] For issuance of License as Oral and Maxillo-Facial Surgery Ambulatory Surgical Clinic

Validity from _____ to _____

[] Issuance depends upon compliance to the recommendations given and submission of the following within _____ days from the date of inspection/monitoring:

[] Non-issuance: Specify reason/s. _____

Inspected by:

Printed Name

Signature

Position/Designation

Received by:

Signature _____

Printed Name _____

Position/Designation _____

Date _____



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HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

Name of Health 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 _____