



**MANUAL OF
OPERATIONS
FOR THE
ACCREDITATION OF
DRUG ABUSE
TREATMENT AND
REHABILITATION
CENTERS**

This Manual of Operations for Drug Abuse Treatment and Rehabilitation Centers shall serve as standard reference material to aid administrators and practitioners in the management and operations of the different drug treatment and rehabilitation centers in the Philippines. This Manual presents the minimum standards for personnel complement, physical plant, equipment and instruments, and service capability recommended by the Department of Health (DOH). These same standards shall serve as guide of DOH in accrediting Drug Abuse Treatment and Rehabilitation Centers in the Country.

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Legal Basis:

Republic Act 9165, otherwise known as “Comprehensive Dangerous Drug Act of 2002”, and its Implementing Rules and Regulations mandate the Department of Health to regulate, oversee and monitor the integration, coordination and supervision of all drug rehabilitation, intervention, aftercare and follow-up programs, projects and activities as well as the establishment, operations, maintenance and management of Drug Abuse Treatment and Rehabilitation Centers. This is in consonance with the applicable Board Regulation, which sets the guidelines or procedures in applying for accreditation of DATRC.

General Objective:

To ensure efficient and effective delivery of treatment and rehabilitation services for drug dependents with patients’ rights based approach premised on the principles and values of accessibility, appropriateness, affordability, acceptability, equity and quality.

Specific Objectives:

1. To establish and maintain acceptable standards for the operations of Drug Abuse Treatment and Rehabilitation Centers.
2. To provide useful information for decision-making, administrative planning and development in the provision of drug abuse treatment and rehabilitation services.
3. To provide standards and guidelines for the accreditation of drug abuse treatment and rehabilitation services for drug dependents in the country.

Application:

This Manual shall be used by all Drug Abuse Treatment and Rehabilitation Centers in the Philippines owned and operated by government and private entities or agencies. For the DOH to issue a Certificate of Accreditation, compliance with the standards and guidelines embodied in this Manual is required. Higher levels or quality of care shall be acceptable only if the recommended minimum standards presented in this Manual are met.

A Drug Abuse Treatment and Rehabilitation Center shall be exclusively for the treatment and rehabilitation of drug dependents. The Center shall not provide services to patients with primary psychotic behavior. Patients with manifestations of psychosis, as a result or consequence of dangerous drug use, shall be referred to a psychiatric facility. A clearance from a psychiatrist, certifying that the patient is free from psychosis, shall be presented to the center’s management before his/her admission to a drug abuse treatment and rehabilitation center.

ORGANIZATION AND PERSONNEL

Organization:

The facility shall be a legally constituted entity. For a single proprietorship, it must be registered with the Department of Trade and Industry and for a corporate entity, it must be registered with the Securities and Exchange Commission. For government owned-center, Enabling Act or Board Resolution is required.

Its organization and structure shall contribute effectively to the goals of Republic Act 9165. It shall develop broad community and professional acceptance in order to implement the goals effectively.

The organization shall clearly define the purpose, scope, direction and goals of the Center. It shall document and disseminate the Center's core values, vision statement, mission and philosophy.

The health facility shall have an adequate number of qualified, trained and competent staff to ensure sufficient and effective delivery of quality services.

Classification of Drug Abuse Treatment and Rehabilitation Centers:

1. Ownership
 - 1.1 Government: operated and maintained by the national, provincial, city or municipal government, or any other government agency
 - 1.2 Private: owned, established and operated with funds through donation, principal, investment or other means, by any individual, corporation, association or organization.

2. Institutional Character
 - 2.1 Institution-based: a Center that operates within the premises and as part of an institution.
 - 2.2 Freestanding: a Center that operates separately from any other institution.

3. Service Capability
 - 3.1 Non-residential Treatment and Rehabilitation Center (Outpatient Center): a health facility that provides diagnosis, treatment and management of drug dependents on an outpatient basis. It may be a drop-in/walk-in center, recovery clinic, or any other facility with consultation and counselling as the main services provided, or may be an aftercare service facility. From time to time, it may provide temporary shelter for patients in crisis for not more than twenty-four (24) hours.

 - 3.2 Residential Treatment and Rehabilitation Center (Inpatient Center): a health facility that provides comprehensive rehabilitation services, including aftercare and follow-up program, utilizing any of the accepted modalities as described in this Manual towards the rehabilitation of a drug dependent.

3.3 Residential Treatment and Rehabilitation Center with Outpatient Service Capability: a health facility that provides both outpatient and inpatient services.

Personnel Requirements:

General Qualifications of Personnel

1. Clean and drug free life for at least three (3) years except for the center/program director/administrator, which is five (5) years
2. With no prior conviction
3. Morally, mentally, and physically fit
4. For a foreigner, with a working permit issued by the Bureau of Immigration and Deportation is required.
5. With required professional licenses /registration

A. Non-Residential Treatment and Rehabilitation Center

Position	Qualifications	Duties and Responsibilities
One (1) Center Director/ Program Director/ Administrator (full-time)	<ul style="list-style-type: none"> - A college graduate - Minimum of three (3) years experience as a rehabilitation worker; -Adequate training not only on the modality being utilized but also other relevant trainings pertinent to treatment and rehabilitation; -If a former drug dependent, he/she must be clean and sober for at least five (5) years. -DOH accredited rehabilitation practitioner 	<ul style="list-style-type: none"> ▪ Oversees the entire rehabilitation program; ▪ Provides policy direction for the center. ▪ Takes direct responsibility for the day-to-day activities and needs of the center; ▪ Coordinates all medical, social, psychological and spiritual services of the center; ▪ Responsible for the management of center personnel; ▪ Performs other duties and functions relevant to the position.
Physician (part-time)	<ul style="list-style-type: none"> - Licensed by PRC - DOH-accredited 	<ul style="list-style-type: none"> ▪ Conducts drug dependency examination and treatment of drug dependents; ▪ Supervises the aftercare and follow-up of recovering drug dependent; ▪ Makes the necessary referral; ▪ May supervise all personnel (nurses, social worker,

		<p>psychologist, health information management officer/clerk);</p> <ul style="list-style-type: none"> ▪ Ensures adequate and accurate, timeliness of reports; ▪ Performs other duties and functions relevant to the position.
One (1) Nurse (full-time)	<ul style="list-style-type: none"> - Licensed by PRC - with relevant trainings - with at least 6 months of work experience in handling drug dependents 	<ul style="list-style-type: none"> ▪ Provides appropriate nursing care to all patients; ▪ Assists the physician in the treatment process; ▪ Conducts lectures/ sessions on health related topics; ▪ Prepares and accomplishes patient chart ▪ Administers medication as prescribed by the physician; ▪ Performs other duties and functions relevant to the position.
One (1) Social Worker (part-time)	<ul style="list-style-type: none"> - Registered by PRC - with at least 6 months work experience in handling drug dependents 	<ul style="list-style-type: none"> ▪ Assists the physician in the formulation of treatment plan and aftercare and follow-up program; ▪ Does home visitation to patients as the need arises; ▪ Provides psycho-social activities to patients and their co-dependents; ▪ Conducts social case study to all patients and prepares subsequent report. ▪ Performs other duties and functions relevant to the position.
One (1) Psychologist (part-time)	<ul style="list-style-type: none"> - Registered by PRC - with relevant training - with at least 6 months work experience handling drug dependents 	<ul style="list-style-type: none"> ▪ Conducts psychological testing and evaluation; ▪ Assists the physician in the formulation of treatment plan and aftercare and follow-up program; ▪ Provides psycho-social activities to patients and their co-dependents; ▪ May conduct home visitation as the need arises; ▪ Performs other duties and functions relevant to the position.

<p>One (1) Health Information Management/Administrative Officer (full-time)</p>	<ul style="list-style-type: none"> - preferably college graduate - must undergo training in health information management - must have computer knowledge 	<ul style="list-style-type: none"> ▪ Gathers pertinent data of patients and conducts intake interview; ▪ Acts as authorized personnel for information system management ▪ Collates, consolidates and analyzes patients' records ▪ Ensures accurate, complete, timely and availability of patients' records at all times. ▪ Ensures confidentiality and safety of all records of patients; ▪ Performs other duties and functions relevant to the position.
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B. Residential Treatment and Rehabilitation Center

Position	Qualifications	Duties and Responsibilities
<p>One (1) Center/Program Director/Administrator (full-time)</p>	<ul style="list-style-type: none"> - A college graduate - Minimum of three (3) years experience as a rehabilitation worker; -Adequate training not only on the modality being utilized but also other relevant trainings pertinent to treatment and rehabilitation and background on behavioral sciences; -If a former drug dependent, he/she must be clean and sober for at least five (5) years. 	<ul style="list-style-type: none"> ▪ Oversees the entire rehabilitation program; ▪ Provides policy direction for the center. ▪ Takes direct responsibility for the day-to-day activities and needs of the center; ▪ Coordinates all medical, social, psychological and spiritual services of the center; ▪ Responsible for the management of center personnel; ▪ Performs other duties and functions relevant to the position.
<p>One (1) Physician (on-call for less than 100; full time for 300)</p>	<ul style="list-style-type: none"> - Licensed by PRC - DOH-accredited 	<ul style="list-style-type: none"> ▪ Conducts drug dependency examination (DDE) and treatment of drug dependents; ▪ Supervises the aftercare and follow-up of recovering drug dependent; ▪ Orders diagnostic tests/procedures, medications, the discharge, transfer or referral of

		<p>patients;</p> <ul style="list-style-type: none"> ▪ Supervises all clinical personnel (nurses, social worker, psychologist); ▪ Ensures adequate and accurate, timeliness of reports; ▪ Performs other duties and functions relevant to the position.
One (1) Dentist (part-time or may be outsourced)	-Licensed by PRC	<ul style="list-style-type: none"> ▪ Attends to all dental referrals; ▪ Performs other duties and functions relevant to the position.
Nurse (full-time) 1:25 (50)	- Licensed by PRC - with BLS training - with at least 6 months work experience handling drug dependents	<ul style="list-style-type: none"> ▪ Provides appropriate nursing care to all patients; ▪ Assists the physician in the treatment process; ▪ Conducts lectures/ sessions on health related topics; ▪ Prepares and accomplishes patient chart ▪ Administers medication as prescribed by the physician; ▪ Provides follow-up domiciliary services to patients; ▪ Performs other duties and functions relevant to the position.
Social Worker (full-time) Recommended 1:25 (50)	- Registered by PRC - with relevant training - with at least 6 months work experience handling drug dependents	<ul style="list-style-type: none"> ▪ Assists the physician in the formulation of treatment plan and aftercare and follow-up program; ▪ Conducts home visitation of patients as need arises; ▪ Provides counselling to patients and their co-dependents; ▪ Conducts social case study to all patients and prepares subsequent report. ▪ Prepares progress report and other pertinent documents; ▪ Provides follow-up domiciliary services to patients; ▪ Performs other duties and functions relevant to the position.
Psychometrician (full-time) 1:25 (50)	- Registered by PRC - relevant training - with at least 6 months work	<ul style="list-style-type: none"> ▪ Assists the physician in the development of treatment plan and aftercare and follow-up program;

	experience handling drug dependents	<ul style="list-style-type: none"> ▪ Administers appropriate psychological tests under the supervision of a Psychologist. ▪ Provides psycho-social activities to patients and their co-dependents; ▪ Conducts home visitation as the need arises; ▪ Prepares progress report and other pertinent documents; ▪ Provides follow-up domiciliary services to patients; ▪ Performs other duties and functions relevant to the position
One (1) Psychologist (part-time)	<ul style="list-style-type: none"> - Registered by PRC - with relevant training - with at least 6 months work experience handling drug dependents 	<ul style="list-style-type: none"> ▪ Conducts psychological testing and evaluation to patients and applicants for center staff; ▪ Supervises the psychometrician; ▪ Provides therapeutic activities to patients and their co-dependents, e.g., family, group and individual therapies; ▪ Participates in the selection process of center personnel through evaluation of psychological testing; ▪ Performs other duties and responsibilities that are relevant to the position.
One (1) Personnel Officer (full-time)	<ul style="list-style-type: none"> - Graduate of any 4-year course - with relevant training 	<ul style="list-style-type: none"> ▪ Takes responsibility for overall personnel management, including selection, hiring, orientation, training, education and performance evaluation of personnel. ▪ Performs other duties and functions relevant to the position.
One (1) Nutritionist/ Dietitian (outsourced)	<ul style="list-style-type: none"> - Licensed by PRC 	<ul style="list-style-type: none"> ▪ Directs and supervises the therapeutic aspect of food preparation and serving modified diets to patients. ▪ Adapts and modifies menus in accordance to patient needs/ preferences and maintenance or improvement of nutritional status. ▪ Consults with physicians concerning dietary

		<p>prescriptions.</p> <ul style="list-style-type: none"> ▪ Supervises and maintains high standards of safety practices in food handling/preparation.
<p>Health Information Management/ Administrative Officer (full-time) Ratio 1:50</p>	<p>-preferably college level -must undergo training in medical records management -computer literate</p>	<ul style="list-style-type: none"> ▪ Gathers pertinent data of patients and conducts intake interview; ▪ Acts as authorized personnel for information system management ▪ Collates, consolidates and analyzes patients' records ▪ Ensures accurate, complete, timely and availability of patients' records at all times. ▪ Ensures confidentiality and safety of all records of patients; ▪ Performs other duties and functions relevant to the position.
<p>Houseparent (full-time) Ratio - 1:25</p>	<p>-a High School Graduate -must undergo relevant training in handling drug dependents</p>	<ul style="list-style-type: none"> ▪ Oversees the domiciliary activities in accordance to TRC rules and regulations; ▪ Ensures sanitary services are properly conducted; ▪ Introduces new patients and orients basic activities/daily schedules in the dormitory; ▪ Coordinates with other center staff in line with domiciliary activities of patients. ▪ Conducts periodic maintenance of physical facility ▪ Performs other duties and functions relevant to the position.
<p>Utility Worker (optional)</p>	<p>-at least high school graduate</p>	<ul style="list-style-type: none"> ▪ Ensures cleanliness and orderliness in the office ▪ Assists in the conduct of periodic maintenance of physical facility ▪ Performs other duties and functions relevant to the position
<p>Security Guard Ratio - 1:25 per shift, may be outsourced</p>	<p>-must undergo relevant training in handling drug dependents</p>	<ul style="list-style-type: none"> ▪ Provides security and orderliness in the facility; ▪ Performs other duties and functions relevant to the position.

<p>One (1) Driver (full-time) designated</p>	<p>-must have driver's license -at least high school graduate</p>	<ul style="list-style-type: none"> ▪ Maintains the facility's transport vehicle; ▪ Ensures safe transportation of client and staff ▪ Performs other duties and functions relevant to the position.
<p>One (1) Cook (full-time)</p>	<p>-at least high school graduate with knowledge in food preparation -must undergo relevant training in food handling and sanitation.</p>	<ul style="list-style-type: none"> ▪ Performs marketing and preparation of meals. ▪ Is responsible for upkeep of kitchen and pantry. ▪ Ensures safety in food handling and preparation. ▪ Is responsible for the safekeeping of kitchen utensils and sharps ▪ Performs other duties and functions relevant to the position.

EQUIPMENT, INSTRUMENTS AND PHYSICAL PLANT

Equipment/Instruments

The facility shall have available and operational equipment and instruments with the services it will provide.

There shall be a program for calibration, preventive maintenance and repair of equipment. Please refer to annex A of this Manual for the sample format of the Preventive and Corrective Maintenance of Equipment.

A. Non-residential Drug Treatment and Rehabilitation Center

Audio-visual system	First Aid Kit
Bench	Fire extinguishers
Cabinet with lock	Psychological Testing Materials (original and not outdated)
Clinical weighing scale	Sphygmomanometer (non-mercurial)
Computer and internet access preferably within the center premises	Stethoscope
Electric fan/s	Table and Chairs
Emergency medical cabinet	Telephone or any form of communication
Examining light	Thermometer (non-mercurial)
Examining table	

B. Residential Drug Abuse Treatment and Rehabilitation Center

Audio-visual system	First Aid Kit
Beds (single or double decked)	Fire extinguishers
Bench/Sofa set	Psychological Testing Materials (original and not outdated)
Cabinet with lock	Refrigerator
Clinical weighing scale	Sphygmomanometer (non-mercurial)
Computer and internet access preferably within the center premises	Stethoscope
Dining Table	Table and Chairs
Electric fan/s	Telephone or any form of communication
Emergency medical cabinet	Thermometer (non-mercurial)
Examining light	Transport Vehicle
Examining table	

Physical Plant

The facility shall have physical facilities with adequate areas to safely, efficiently and effectively provide health services to patients as well as members of the public as necessary.

1. It shall comply with applicable local and national regulations for the construction, renovation, maintenance and repair of the facility
2. It shall provide enough space for the conduct of its activities depending on its workload and the services being given.
3. It shall have an approved DOH-Permit to Construct in accordance with the planning and design guidelines prepared by the DOH

A. Non-Residential Treatment and Rehabilitation Center

The Center shall have a floor area of at least 60 square meters that can accommodate 20 to 25 patients at a given time.

B. Residential Treatment and Rehabilitation Center

The center shall have at least 420 square meters that can accommodate 30 patients at a given time.

C. Guidelines in the Planning and Design of Treatment and Rehabilitation Facilities:

- a. The size of the facility must be adequate for the intended use. The building shall be well-ventilated and spacious for the occupants to be relatively comfortable, and be ensured of privacy especially during medical treatment, counselling and group activities. The land area must have enough space for sports and recreation and learning activities.
- b. The building should meet construction and safety standards, as well as fire regulation, health and sanitation requirements.
- c. Bathroom and toilets – There shall be at least one bathroom, one toilet, and one lavatory in good working conditions for every eight (8) patients. The bathroom and toilets shall not be provided with locks except those for the exclusive use of administrative staff.
- d. Kitchen shall be clean at all times and shall be equipped with adequate basic cooking utensils and food storage with provision of locks for all sharp objects.
- e. Dining area shall be clean, well-lighted, protected from insects and vermins, properly decorated and shall be provided with sufficient number of chairs and tables.

- f. For residential facilities, bedrooms shall follow the requirements below:
 - 1. The bed shall be placed at least 100 cm. or one (1) meter apart.
 - 2. If a double-decked bed is utilized, this shall have at least one-meter space from the ceiling and again between the upper and lower beds.
 - 3. The bedroom shall be clean and orderly at all times.

- g. Emergency clinic shall accommodate patients who are suffering from mild infections, such as uncomplicated UTI, coughs, colds, and need simple wound care such as abrasion, minor laceration. It must be well-secured, spacious enough for at least two patients at a given time and with provision for their personal hygiene and toilet functions. It must be visibly accessible to those who are on duty.

- h. Adequate water supply and electricity must be available. Safe and potable water shall be available at all times. It shall be adequate in volume and pressure. A quarterly conduct of bacteriological water analysis should be done in a DOH-accredited laboratory for drinking water analysis.

- i. There must be a telephone and other means of communication. An internet access is preferably within the center.

- j. There shall be a contingency plan in case of accidents and emergencies following the guidelines stipulated in DOH Administrative Order No. 2004 – 0168 known as “National Policy on Health Emergencies and Disasters”.

GUIDELINES IN THE DESIGN OF NON – RESIDENTIAL TREATMENT AND REHABILITATION CENTER

Minimum of Sixty (60) Square Meters in Floor Area

Area	Activity	People	Equipment	Furniture and Fixture	Floor Area in Square Meters	Planning Relationship
Multipurpose Area that can be utilized as the reception/waiting area and meeting area for group/family	<ul style="list-style-type: none"> ▪ Receiving of clients ▪ Psycho-social activities, education and therapy ▪ Follow-up and aftercare program 	<ul style="list-style-type: none"> ▪ Clerk ▪ Patient ▪ Parents/guardians ▪ Physician ▪ Psychometrian, Psychologist & Social Worker ▪ Nurse ▪ Security 	<ul style="list-style-type: none"> ▪ Computer ▪ Printer ▪ Telephone and other means of communication ▪ Wheelchair ▪ Electric fan ▪ Audio-visual system 	<ul style="list-style-type: none"> ▪ Bench ▪ chair ▪ office table 	35.0 (accommodate 20-25 persons at a given time) ¹	<ul style="list-style-type: none"> ▪ immediately accessible to client ▪ located near entrance of the facility
Consultation, Examination and Treatment Room	<ul style="list-style-type: none"> ▪ drug abuse assessment and management ▪ emergency assistance for drug withdrawal and psychiatric illness 	<ul style="list-style-type: none"> ▪ Patient ▪ Nurse ▪ Physician ▪ Psychologist ▪ Psychometrian ▪ Social Worker 	<ul style="list-style-type: none"> ▪ clinical weighing scale ▪ examining light ▪ examining table ▪ sphygmomano meter ▪ stethoscope ▪ electric fan 	<ul style="list-style-type: none"> ▪ chair ▪ office table ▪ lavatory ▪ medicine cabinet 	7.43 ²	<ul style="list-style-type: none"> ▪ adjacent to reception/group meeting area

¹ Based on 1.40 m²/person (unit area per person occupying the space at one time)

² Clear floor area per examining table that includes space for passage of equipment

Area	Activity	People	Equipment	Furniture and Fixture	Floor Area in Square Meters	Planning Relationship
Psychological Testing Room and Counselling Room	<ul style="list-style-type: none"> ▪ Drug Abuse assessment and management 	<ul style="list-style-type: none"> ▪ Patient ▪ Physician ▪ Psychologist ▪ Psychometrian ▪ Social Worker 	<ul style="list-style-type: none"> ▪ Psychological testing materials ▪ Electric fan 	<ul style="list-style-type: none"> ▪ Arm chairs ▪ Office table 	7.43	<ul style="list-style-type: none"> ▪ Adjacent to the consultation and treatment room
Toilet with lavatory	<ul style="list-style-type: none"> ▪ Managing of personal hygiene 	<ul style="list-style-type: none"> ▪ All personnel ▪ patients 		<ul style="list-style-type: none"> ▪ lavatory ▪ water closet ▪ hand railing for special population 	2.5	<ul style="list-style-type: none"> ▪ separate toilet and hand washing facility ▪ adjacent to consultation, examination and treatment room
Business Area	<ul style="list-style-type: none"> ▪ Performance of personnel, accounting, records, supply and housekeeping 	<ul style="list-style-type: none"> ▪ clerk 	<ul style="list-style-type: none"> ▪ computer ▪ printer ▪ internet connection ▪ telephone ▪ electric fan 	<ul style="list-style-type: none"> ▪ cabinet ▪ chair ▪ office table 	7.43 ³	<ul style="list-style-type: none"> ▪ located near entrance

³ Work area per staff that includes space for a chair and a desk, space for occasional visitor, and space for aisle.

GUIDELINES IN THE DESIGN OF RESIDENTIAL TREATMENT AND REHABILITATION CENTER ⁵

Minimum of Four Hundred Twenty (420) Square Meters in Floor Area

Area	Activity	People	Equipment	Furniture and Fixture	Floor Area in Square Meters	Planning Relationship
Registration Area/Waiting Area/ Reception	<ul style="list-style-type: none"> ▪ receiving of patient 	<ul style="list-style-type: none"> ▪ Clerk ▪ Patient ▪ Parents/ Guardians ▪ Physician ▪ Psychologist ▪ Social Worker ▪ Nurse ▪ Security Guard 	<ul style="list-style-type: none"> ▪ Computer ▪ Printer ▪ Telephone/any means of communication ▪ wheelchair ▪ Electric fan 	<ul style="list-style-type: none"> ▪ Bench ▪ chair ▪ office table 	12.00 (accommodate 5 persons at a given time)	<ul style="list-style-type: none"> ▪ immediately accessible to client ▪ located near entrance
Emergency Clinic	<ul style="list-style-type: none"> ▪ Drug abuse assessment and management ▪ Provision of standard first aid and medical emergencies needing basic life support ▪ Suturing of minor wounds 	<ul style="list-style-type: none"> ▪ Patient ▪ Physician ▪ Nurse 	<ul style="list-style-type: none"> ▪ clinical weighing scale ▪ examining light ▪ examining table ▪ sphygmomanometer ▪ stethoscope ▪ thermometer ▪ glucometer ▪ Emergency drugs/kit ▪ Electric fan 	<ul style="list-style-type: none"> ▪ Patient's bed ▪ Lavatory ▪ Chairs ▪ Tables ▪ Bedside cabinet 	9.00	<ul style="list-style-type: none"> ▪ adjacent to reception area

Area	Activity	People	Equipment	Furniture and Fixture	Floor Area in Square Meters	Planning Relationship
Consultation and Counselling Room	<ul style="list-style-type: none"> ▪ drug abuse assessment ▪ individual counseling, education and therapy 	<ul style="list-style-type: none"> ▪ patient ▪ nurse ▪ physician 	<ul style="list-style-type: none"> ▪ Electric fan 	<ul style="list-style-type: none"> ▪ chairs ▪ Office table 	7.43	<ul style="list-style-type: none"> ▪ Adjacent to Intervention and Psychological Evaluation Testing Room
Intervention and Psychological Evaluation Testing Room	<ul style="list-style-type: none"> ▪ Drug abuse assessment and management ▪ Follow-up and aftercare program 	<ul style="list-style-type: none"> ▪ Patient ▪ Physician ▪ Nurse ▪ Psychologist ▪ Psychometrian ▪ Social Worker 	<ul style="list-style-type: none"> ▪ Psychological Testing Materials ▪ Electric fan 	<ul style="list-style-type: none"> ▪ Arm chairs ▪ Office table/ chairs 	10.00	<ul style="list-style-type: none"> ▪ Adjacent to patient reception area
Living Quarters (female) with Toilet	<ul style="list-style-type: none"> ▪ lodging ▪ storing of personal belongings ▪ managing of personal hygiene 	<ul style="list-style-type: none"> ▪ patient 	<ul style="list-style-type: none"> ▪ electric fan 	<ul style="list-style-type: none"> ▪ bed ▪ cabinet 	111.45 (accommodate 15 persons at a given time) ⁴	<ul style="list-style-type: none"> ▪ segregated for privacy
Living Quarters (male) with Toilet	<ul style="list-style-type: none"> ▪ lodging ▪ storing of personal belongings ▪ managing of personal hygiene 	<ul style="list-style-type: none"> ▪ patient 	<ul style="list-style-type: none"> ▪ electric fan 	<ul style="list-style-type: none"> ▪ bed ▪ cabinet 	111.45 (accommodate 15 persons at a given time) ⁴	<ul style="list-style-type: none"> ▪ segregated for privacy

⁴ Based on 7.43 m²/bed (clear floor area per bed that includes space for single bed, space for occasional visitor, and toilet)

Area	Activity	People	Equipment	Furniture and Fixture	Floor Area in Square Meters	Planning Relationship
Dining Area	<ul style="list-style-type: none"> ▪ taking of meals 	<ul style="list-style-type: none"> ▪ patient 	<ul style="list-style-type: none"> ▪ electric fan 	<ul style="list-style-type: none"> ▪ chairs ▪ tables 	42.00 (accommodate 30 persons at a given time) ⁵	<ul style="list-style-type: none"> ▪ adjacent to kitchen
Kitchen	<ul style="list-style-type: none"> ▪ cold and dry storage ▪ food preparation ▪ cooking and baking ▪ serving and food assembly ▪ washing 	<ul style="list-style-type: none"> ▪ cook ▪ cooking aide 	<ul style="list-style-type: none"> ▪ refrigerator ▪ stove ▪ exhaust fan 	<ul style="list-style-type: none"> ▪ cabinet ▪ counter ▪ sink 	10.00	<ul style="list-style-type: none"> ▪ adjacent to dining area
Multipurpose Area/Recreational Area	<ul style="list-style-type: none"> ▪ group counseling, education and therapy ▪ rehabilitation ▪ follow-up and aftercare program 	<ul style="list-style-type: none"> ▪ patient ▪ physician ▪ psychologist / psychometrian/social worker 	<ul style="list-style-type: none"> ▪ electric fan ▪ audio-visual system ▪ recreational equipment 	<ul style="list-style-type: none"> ▪ chair ▪ table 	42.00 (accommodate 30 persons at a given time)	<ul style="list-style-type: none"> ▪ accessible from female and male ward

⁵ Based on 1.40 m²/person (unit area per person occupying the space at one time)

Area	Activity	People	Equipment	Furniture and Fixture	Floor Area in Square Meters	Planning Relationship
Outdoor Activity Area	<ul style="list-style-type: none"> ▪ group counseling, education and therapy ▪ rehabilitation ▪ follow-up and aftercare program 	<ul style="list-style-type: none"> ▪ patient ▪ physician ▪ psychologist/psychometric-cian/social worker 	<ul style="list-style-type: none"> ▪ sports equipment 	<ul style="list-style-type: none"> ▪ bench 	42.00 (accommodate 30 persons at a given time)	<ul style="list-style-type: none"> ▪ accessible from female and male ward
Toilet	<ul style="list-style-type: none"> ▪ managing of personal hygiene 	<ul style="list-style-type: none"> ▪ all personnel ▪ visitors ▪ patients 		<ul style="list-style-type: none"> ▪ lavatory ▪ water closet 	2.5	<ul style="list-style-type: none"> ▪ separate toilet and hand washing facility ▪ accessible from consultation, examination and treatment room ▪ accessible from administrative office
Administrative Office	<ul style="list-style-type: none"> ▪ performance of personnel, accounting, records, supply and housekeeping 	<ul style="list-style-type: none"> ▪ administrator ▪ clerk 	<ul style="list-style-type: none"> ▪ Computer ▪ Fire extinguisher ▪ Printer ▪ Telephone/any other form of communication 	<ul style="list-style-type: none"> ▪ cabinet ▪ chair ▪ office tables 	12.0	<ul style="list-style-type: none"> ▪ immediately accessible to patient ▪ located near entrance of the facility

Medical Records Room	<ul style="list-style-type: none"> ▪ records keeping ▪ encoding of patient profile 	<ul style="list-style-type: none"> ▪ Health Information Management Officer/clerk 	<ul style="list-style-type: none"> ▪ computer ▪ printer ▪ telephone/any other form of communication ▪ electric fan ▪ fire extinguisher 	<ul style="list-style-type: none"> ▪ cabinet ▪ office chairs ▪ office tables 	9.0	<ul style="list-style-type: none"> ▪ adjacent to administrative office
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ADMINISTRATIVE AND OTHER SUPPORT SERVICES GUIDELINES

The facility shall ensure that the services delivered to patients comply with the standard quality embodied in the Assessment Tool for accreditation of health facilities, other policy guidelines and /or related issuances.

1. The facility shall have documented administrative manual of operations for the provision of its services.
2. It shall have documented technical policies and procedures.
3. It shall have documented policies and procedures on the establishment of its referral system.

Human Resource Management and Development

The Center must have a sound system of recruitment, selection, promotion and appointment of personnel to ensure that staff is competent and qualified to perform the services. There must be a written procedure on appraisal system to monitor, motivate and support staff performance.

Individual file (201) shall be maintained to include personal data sheet, service records, credentials, performance evaluation, certificate of training, etc.

There should be a policy/program for continuing education/training of staff. All clinical staff must undergo relevant training provided by DOH within two (2) years of practice.

Policy on Staff Protection shall be developed to include programs/activities that shall prevent any forms of violence against the center staff by a patient or a fellow employee.

Clinical personnel may also extend technical assistance to other drug abuse treatment and rehabilitation centers, local government units and other community organizations pertaining to preventive education and treatment and rehabilitation of drug dependents.

Records Management

The medical records room shall be secured. Records shall be kept to allow careful and systematic management. It shall house the information management system as prescribed by the DDB and DOH. Confidentiality of records shall be maintained at all times.

Patient files shall include but not limited to the following:

- | | |
|---------------------|-----------------------------|
| Referral | Other forms of misdemeanour |
| Social case history | Outcome of case conference |
| Home visits | Progress notes |

Psychological test evaluation results	Recommendation of staff
Laboratory results	Discharge order
Medical/psychiatric evaluation and therapy	Aftercare and follow-up releases
	Closure reports

Documentation of services as well as incidents of escapes shall be part of Center record.

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.

Retention and disposal of case files and other relevant documents shall be in accordance with the standards promulgated by DOH.

Administrative files shall include those communications prepared or received, fiscal and management documents, records of all procurement of supplies, building and other facilities and the outside environment within the compound.

Personnel file shall likewise be part of the administrative files. It shall include complete and up to date records of all personnel data, employment agreement, job description, leaves, periodic performance and evaluation, medical/health certificate, transfer, retirement and records of administrative charges, if any.

Quality Improvement (QI) Activities

The Center shall establish a system for continuous quality improvement activities.

- The Center shall have policies and procedures on Quality Assurance Program (QAP) and continuous quality improvement.
- The QAP shall have a written plan and its implementation shall be continuous with periodic reviews.

Fiscal Management

The Center shall have a sound plan of financing which gives assurance of sufficient funds to enable it to carry out its defined purpose and provide appropriate services for drug dependents. A new Center shall have reasonable assurance of sufficient funds to carry it through the first year of operation. Funds shall be provided for employee benefits required by law. The Center shall submit their annual financial report.

The parent, spouse, guardian or any relative within the fourth degree of consanguinity of any person who is confined under the voluntary submission program or compulsory submission program shall be charged a certain percentage of the cost of his/her treatment and rehabilitation, following the Department of Social Welfare and Development's (DSWD) guidelines taking into consideration the economic status of the family of the person confined.

All private residential Centers shall allocate five (5) percent of the total beds for indigent patients. Government residential centers must not exceed fifty percent of the total bed allocation for paying patients. Discounted rates shall be based on the prescribed guidelines by the DSWD. Further, cost sharing in the treatment and rehabilitation of any dependent shall follow what is prescribed in Section 74 of the Implementing Rules and Regulations of Republic Act 9165, otherwise known as the “Comprehensive Dangerous Drugs Act of 2002”.

For a residential Center, service fees shall include fees for board and lodging as well as materials and supplies.

Training Program

All staff must keep abreast with current trends in treatment and rehabilitation programs. To ensure the enrichment of knowledge and skills enhancement of staff in the specialized area of rehabilitation, the Center must have a training program for all the personnel. The Center must allow attendance of its personnel to appropriate training programs. The training shall consist of pre-service training for future members of the staff, continuous in-service or in-house staff training for administrative and clinical staff.

Dietary Management

Food and drink provided to patients must be good for their health. The diet provided must be varied and well-balanced. It shall respect the special dietary needs of the patients with food preference according to religious restrictions, medical conditions, etc.

The center shall ensure the proper storage of perishable goods to prevent spoilage (observing FIRST IN, FIRST OUT policy) and contamination. The center shall also maintain cleanliness and proper sanitation of the area; practicing proper waste management.

Maintenance Program

The center must have a preventive maintenance plan. Upkeep and maintenance of the facility and equipment including vehicles shall be regularly conducted.

Security

The Center must be adequately secured to ensure safety and security from outside intrusion, to prevent escapes of patients and to ensure a drug-free environment. There must be a fence and plant barriers around the area. Visitors shall be properly screened and controlled. A system of searching for dangerous drugs and items must be clearly documented and implemented.

Information Management

The facility shall maintain a system of communication, recording and reporting of results of examinations.

It shall maintain technical records/logbooks on the following, the formats of which are posted at official website.

1. Results of water analysis (bacteriological) every three (3) months
2. Preventive and Corrective Maintenance of Equipment
3. Maintenance and Monitoring of Physical Facility

Centers shall maintain a reporting system, which is required by the Dangerous Drugs Board.

CLINICAL OPERATIONS, PRESCRIBED SERVICES, AND TREATMENT MODALITIES/APPROACHES

Clinical Guidelines

Non-Residential Treatment and Rehabilitation Center

1. Intake interviews must be accomplished immediately upon contact with patients and or relative of patients. It must include at least the following information: general data, presenting problem, referral information and drug inventory.
2. Patient Rights must be read and explained.
3. A DOH-accredited physician must immediately conduct drug dependency examination.
4. History taking shall be done by a social worker in preparation for a social case study report.
5. Psychological evaluation reports must be done by a psychologist within two (2) weeks from admission.
6. All patients requiring medical evaluation and examination must be seen and examined within three (3) days after the initial intake.
7. The following must be documented and properly filed in the individual case file:
 - a. Drug Dependency Examination Report
 - b. Psychological Evaluation Report
 - c. Social Case Study Report
 - d. All therapeutics intervention to include among other list of medicines, dosage/frequency of intake.
 - e. Progress notes
 - f. All diagnostic test results like chest x-ray, laboratory examinations, drug screening test.
 - g. Court orders, communications and other documents, which may be pertinent to the patients including family dialogues.
8. Appropriate information referral notes shall be accomplished when referring patients to other agencies. It must at least include the following: general data, reasons for referral, actions already taken in the Center.
9. Family recovery and community outreach programs shall be properly documented and filed in a separate folder.

Residential Treatment and Rehabilitation Center

1. Intake interview must be done immediately upon contact with patient, relative of patient or referring person. It should include at least the following information: general data, presenting problem, referral information, and drug inventory.
2. Patient Rights must be read and explained.
3. A DOH-accredited physician must conduct drug dependency examination immediately.
4. All referrals for medical, surgical, psychiatric problems must be seen by the DOH accredited physician within twenty-four (24) hours from the time of admission.
5. All medical findings must be documented and properly filed in the individual patient case folder. Likewise, all medical orders for procedures, medications and other intervention should be properly documented and filed.

6. Required laboratory and diagnostic procedures such as chest x-ray, sputum examination, urinalysis, ECG for patient 45 years old and above, and pregnancy test for women must be done within 24 hours after admissions. Other laboratory or diagnostic procedure may be requested by the attending physician.
7. Psychological reports and social case studies must be done within two weeks from admission. This must be properly filed in the individual patient case folder.
8. All treatment plan/intervention should be properly documented which should include medications – dose, frequency and duration.
9. Progress notes shall be done for all cases at least once a month.
10. Discharge plan should also be documented.
11. Accidents, incident reports, escape reports shall be accomplished within eight (8) hours of the event and should include details on the following: who, what, where, when, actions taken and disposition.
12. All pertinent documents related to patients such as medical reports, communications, reports submitted to court and court orders shall be properly filed in each patient's case folder.
13. Rehabilitation service that includes treatment modalities, psychosocial activities, recreational program, family program and other services shall be properly documented.

Prescribed Services:

1. Medical Service provides comprehensive health care services ranging from routine physical examination and screening procedure for diagnosis, treatment and follow-up of illnesses and other medical problems.
2. Psychiatric service provides therapy to drug abusers with behavioral and psychiatric disorders through, among others, pharmacotherapy, individual and group psychotherapy, family therapy and occupational therapy conducted by a psychiatric team. A psychiatric team shall include a psychiatrist, psychologist and social worker. This may include an occupational therapist and para-professional worker.
3. Psychological service assists the team in the assessment, diagnosis and management of drugs dependents through psychological testing and evaluation as well as in conducting therapy/counselling to patients and their families.
4. Social service assists the drug dependents help themselves cope their problems, facilitate and/or promote their interpersonal relationship and adjustment to the demands of a treatment program with the end view of helping the drug dependents' physical, social, moral and spiritual development.
5. Referral service involves the process of identifying accurately the problems of the client and sending him to the agency that can provide the appropriate services.
6. Spiritual and religious services include the development of moral and spiritual values of the drug dependent. It has been noted that the spiritual

foundation of clients has been very weak that this could not provide support to them to enable them to cope with their problems and conflicts. Strengthening the spiritual foundation would involve, among others, reorientation of moral values, spiritual renewal, bible study and other charismatic sessions. It aims to bring them closer to God and better relate to their fellowmen. Various religious and civic organizations can be contacted to provide services. Spiritual counselling shall be helpful in aiding and resolution of individual and family problems.

7. Sports and recreation services provide facilities for sports and recreation to offer patients the opportunity to engage in constructive activities and to establish peer relationship as an alternative to drug abuse. The emphasis in all activities should be on developing the discipline necessary to improve skills and on gaining respect for good physical health.
8. Residential/house care service includes provision of basic foods, clothing and shelter.
9. Aftercare and follow-up services provided to the patient after the primary rehabilitation. Aftercare activities can be viewed as the first line of defence against relapse. The activities include attending self-help programs like Narcotics Anonymous (NA)/Alcoholic Anonymous (AA) meetings, regular follow-up at treatment center, individual and group counselings, sponsor/sponsee meetings, alumni association meetings, etc. This is for a period not exceeding eighteen (18) months and should be undertaken by the appropriate Center personnel.

Support Services (Optional)

1. Placement service provides assistance to drug dependents in obtaining work opportunities through open, self, and/or sheltered employment.
2. Volunteer Service assists the organic staff of the center to perform rehabilitation treatment services and/or administrative functions but do not receive compensation. It includes recruitment, selection and appointment of these individuals and/or organized groups and training on drug abuse prevention and rehabilitation. The services of volunteers are monitored and evaluated. Volunteers may include professionals, para-professionals, parents and youth organizations. They may perform functions which may include patient management such as case findings, management, medical, psychiatric, psychological and social services. Paraprofessionals services include administrative, sports and recreation including spiritual and moral development services. Organized parents groups may extend peer-parent counselling or supportive encounters. Youth group's volunteers may provide self-help assistance, peer group confrontations and support and/or peer ministries counselling to drug dependents at the Center.
3. Educational opportunities shall be made available to patients while in the center for the purpose of improving their skills, interests and capabilities on a particular vocational field of their choice. This aims to increase their

self-esteem and their chance for employment. This may improve their work habits and thus make possible a more satisfactory and rewarding way of life. The educational opportunities come from a built-in schooling program and vocational training course that takes into account prevailing conditions in the local labor market, the economy of the community, the industrial and commercial needs of the community.

Recommended Treatment Approaches/Modalities:

1. Eclectic Approach aims at applying a holistic approach in the rehabilitation program. The spiritual and cognitive components of the Twelve Steps complement the behavioural aspects of the Therapeutic Community. The skills and services of rehabilitation professionals and paraprofessionals are made available. In doing so, different personality aspects of drug dependents are well addressed geared towards their rehabilitation and recovery.
2. Hazelden-Minnesota Model views addiction as a disease, an involuntary condition caused by factors largely outside a person's control. The program consists of didactic lectures, cognitive-behavioral psychology, Alcoholic Anonymous principles / Twelve Steps principles and bibliotherapy. It aims to treat patients with chemical dependency, endorsing a set of values and beliefs about the powerlessness of people over drug taking and turning to a Higher Power to help them combat the disease. In this modality, counsellors and patients collaborate in defining the path to recovery.
3. Multidisciplinary Team Approach is a method in the treatment and rehabilitation of drug dependents which avails of the services and skills of a team composed of psychiatrist, psychologist, social worker, occupational therapist and other related disciplines in collaboration with the family and the drug dependent.
4. Therapeutic Community Approach views addiction as a symptomatic manifestation of a more complex psychological problem rooted in an interplay of emotional, social, physical and spiritual values. It is a highly structured program wherein the community is utilized as the primary vehicle to foster behavioural and attitudinal change. The patient receives the information and the impetus to change from being a part of the community. Role modelling and peer pressure play significant parts in the program.

The goal of every therapeutic community is to change the patients' self-destructive thinking and behavioural pattern, teach them personal responsibility, positivize their self-image, create a sense of human community and provide an environment in which human beings can grow and take responsibility and credit for the growth.

5. Other accepted approaches approved by the DDB based on the study recommended by the DOH.

Recommended Therapeutic Activities

1. Psychotherapy is a form of treatment of problems of an emotional nature in which a trained person deliberately establishes professional relationship with a patient with object of remedying, modifying or retarding existing symptoms, mediating disturbed patterns of behaviour, and promoting positive personality growth and development.
 - 1.1 Individual Therapy involves a one to one relationship between the counsellor and the patient with the primary aim of helping the client get rid of a reduce his drug abusing behaviour so that he may be able to get involved in productive work and develop insights into his conditions.
 - 1.2 Group Therapy is a form of therapy where the individual is help through group process. Each member of the group receives immediate feedback from the other members regarding his verbal and other forms of behaviour. Group support and encouragement are given to the subject on the premise that these are effective devices, which can produce positive results toward behavioural modification.
 - 1.3 Family Therapy as a form of intervention is based on the recognition that the family, as a primary social unit, can be a source of problem leading to drug use. Family therapy may include restructuring of the family, environmental manipulation, strengthening of family communication and discovery of family members to help facilitate the rehabilitation of the drug dependent.
2. Counselling is a process of assistance extended by eligible/registered counsellor, psychologist and social worker, in an individual or group situation, to a needy patient. The process aims at enabling the individual to learn and pursue more realistic and satisfying solutions to his difficulties. It is problem oriented and helps the individual understand himself and develop the ability to take decisions and make choices.
3. Community Outreach Program includes among others, environmental and energy conservation projects, training in agriculture, tree planting and other socio-civic religious activities. The participation of patients in community projects can help them integrate into the local society and can also promote community understanding of their needs and recognize of their remaining potential and acceptance.
4. Sheltered Workshop provides training for skills development and employment with appropriate compensation in a controlled environment to increase self-esteem and chances for outside placement.
5. Social Reintegration is a process of assisting the patient to become socially and economically self-sustaining without the use of drugs upon his return to the community.

PATIENT RIGHTS

Patient Rights during Treatment and Rehabilitation

1. The center shall comply with Data Privacy Act of 2012.
2. Patients are made aware of their rights. This shall be achieved by but is not limited to:
 - 2.1 Information is communicated in a way that is readily understood by the patient and repeated as necessary.
 - 2.2 Information on patient rights is displayed prominently in an appropriate area within the Center.
 - 2.3 Patients are informed when personal information is collected from them, why the information is needed and whom it will be disclosed to. Patients have the right to seek access to and correction of any personal information about them.
3. Information is provided and communicated in a format best suitable to the individual patient and their family.
4. The Center shall provide patients and their families accurate and adequate information about service options to enable them to make an informed decision.
5. The Center shall define and observe the extent of patient rights to personal privacy and dignity during treatment and rehabilitation.

Cultural Safety

1. The Center shall identify, prepare for and respond to the culture, values and beliefs of the patients during their stay in the facility.
2. The Center shall respect the role of the family in maintaining a patient's values and beliefs.

Confidentiality

1. The Center shall identify and communicate its obligations to the patient and family in relation to maintaining confidentiality and defines the situations where it is necessary to disclose information about the patient.
2. The Center shall have procedures that ensure relevant and necessary information about the patient is disclosed among service providers, and across relevant components of in-patient and community services.
3. The Center shall have a system in place which ensures the security of patient related information.

4. Copies of the Center's policies on confidentiality including the process for dealing with breaches of confidentiality shall be available on request.
5. All staff signs a confidentiality agreement upon employment and shall respect patient information as confidential.

Informed Choice and Informed Consent

1. The Center shall have policies/procedures for gathering and documenting informed choice and informed consent from patients and relatives.
2. The Center shall have procedures for gaining informed choice and informed consent for specific situations.

Physical Privacy

1. The Center shall provide adequate physical privacy.
2. The Center shall ensure that staff respects privacy and personal space of patients.
3. The Center shall ensure that patients have visual privacy when attending to or securing assistance with personal hygiene requirements.
4. The Center shall ensure that patients are able to have private interaction with family members, when appropriate.
5. The Center shall ensure that patients are able to receive telephone calls in private, when appropriate. In times when for security reasons calls may need to be monitored, patients are informed on this.

Disciplinary Measures

1. The Center shall ensure that disciplinary measures are humane and safe to the patients.
2. The Center shall prohibit any form of violence and life threatening disciplinary measures.
3. The Center shall ensure that use of restraints is covered by doctor's orders. No patient is restrained for more than six (6) hours to avoid medical complications.

PROCEDURAL GUIDELINES FOR CERTIFICATE OF ACCREDITATION

A. Issuance of Permit to Construct

The applicant shall secure a Permit to Construct from the HFSRB or CHD for construction of a new facility, alteration, expansion or renovation of an existing health facility, change in classification or increase in bed capacity. It is a prerequisite for accreditation.

1. The applicant accomplishes the required documents and submits them to HFSRB or CHD. Upon filing of application, the applicant pays the corresponding fees to the Cashier of the DOH/CHD in person, or through manager's check or postal money order.

Documentary requirements:

- 1.1 Letter of application to the HFSRB/CHD Director
- 1.2 Four (4) sets of Site Development Plan and Floor Plan signed and sealed by a licensed architect and/or engineer
- 1.3 DTI/SEC Registration (for private facilities) Enabling Act/Board Resolution (for government facilities)

2. The HFSRB/CHD reviews the documents and approves/disapproves the issuance of Permit to Construct.

- 2.1 If approved, the HFSRB/CHD issues a Permit to Construct to the applicant.
- 2.2 If disapproved, the HFSRB/CHD returns the documents, together with their findings and recommendations to the applicant. Failure to comply within thirty (30) days shall be a ground for denial of application. Hence, the applicant has to re-file his application and pays the required fees.

B. Issuance of Certificate of Accreditation

Prior to the operation of a Center, it must secure a Certificate of Accreditation.

1. The applicant accomplishes the required documents and submits them to the HFSRB/CHD. Upon filing of application, the applicant pays the corresponding fees to the Cashier of the DOH in person or through manager's check or postal money order.

Documentary requirements:

- 1.1 HFSRB Application Form filed either at the Bureau/CHD
- 1.2 Permit to Construct
- 1.3 List of Personnel
- 1.4 List of Equipment

2. The HFSRB/CHD conducts on site survey to determine compliance with standards/technical requirements.
3. The HFSRB/CHD approves/disapproves the issuance of Certificate of Accreditation.
 - 3.1 If approved, the HFSRB/CHD accredits the Center and issues an initial Certificate of Accreditation to the applicant upon deposit of thirty thousand pesos (30,000.00) cash bond.
 - 3.2 If disapproved, the HFSRB/CHD sends the findings and recommendations to the applicant. Failure to comply within thirty (30) days shall be a ground for denial of the application. Hence, the applicant has to re-file his application and pay the required accreditation fees.

C. Renewal of Accreditation

1. Application for the renewal of accreditation shall be filed with the HFSRB/CHD. The renewal period shall be from October 1 to December 15 of the current year. All applications received after this date shall be considered lapsed.
2. The procedure for application for renewal of accreditation shall be as follows:
 - 2.1 Applicant prepares the required documents and submits them to the HFSRB/CHD. Upon filing the application, the applicant pays the fee for the renewal of accreditation to the cashier of the DOH in person or through postal money order.

Documentary Requirements for Certificate of Accreditation:

1. Application for Renewal of Accreditation
 2. List of Personnel
 3. List of Equipment/Instruments
 4. Annual Financial Report for the past three (3) years
 5. Annual Program Evaluation Report for the past three (3) years
- 2.2 The HFSRB/CHD conducts onsite survey within the covered year of expiry date to determine compliance with standards.
 - 2.3 The HFSRB/CHD approves/disapproves the issuance of accreditation.
 - 2.3.1 If approved, the HFSRB/CHD issues an accreditation to the applicant.
 - 2.3.2 If disapproved, the HFSRB/CHD sends the findings and recommendations to the applicant for compliance. Failure to comply within thirty (30) days shall be a ground for denial of application. However, applicant may opt to re-file his application, provided that he shall pay the required accreditation fee.

Terms and Conditions of Accreditation:

1. An accreditation shall be granted in accordance with prescribed accreditation requirements and on the basis of specific conditions and limitations established during the survey.
2. An accreditation that is not renewed on the expiry date shall be considered lapsed and registration shall be cancelled. A new application for registration and issuance of Certificate of Accreditation shall be required before a Center can be allowed to operate.
3. The HFSRB/CHD shall be notified of any change in management, name or ownership. In cases of transfer of location, a new application for registration and accreditation is required.
4. Failure to report in writing within fifteen (15) days of any substantial change in the condition of the Center (e.g. changes in physical plant, equipment and personnel) may be a basis for the suspension or revocation of the accreditation.
5. A separate accreditation shall be required for all Centers maintained in separate premises but operated under the same management.
6. The Certificate of Accreditation shall be placed in an area readily seen by the public. A copy of the rules and regulations shall be readily available for guidance of all personnel of the Center.