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COMPREHENSIVE POLICY, COMPLIANCE & FRANCHISE INTEGRATION BINDER

Philippines controlling framework · Nevada NRS/NAC and Nurse Aide Registry benchmarks · North American healthcare education controls

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Issue date: 31 August 2026 | Effective: Upon Board Approval | Review: Annual and upon material regulatory change

Comprehensive Policy, Compliance & Franchise Integration Binder

International Healthcare Institute and Technology Philippines × Global Care

Release statement Authoritative jurisdiction: Republic of the Philippines. Nevada NRS/NAC, Nevada State Board of Nursing/Nurse Aide Registry materials, US federal nurse-aide rules, OSHA and CDC sources are benchmarks unless a Nevada operation is separately authorized. Sources were accessed 31 August 2026. This binder operationalizes identified requirements but does not guarantee licensing, accreditation, reimbursement, immigration, employment, credit transfer or regulator approval.

Control field	Value
Document owner	Compliance Officer, with Academic and Clinical Governance
Approving authority	IHIT Board / duly authorized executive body
Status	BOARD REVIEW DRAFT—Not an approved controlled copy until signatures and effective date are completed
Applies to	IHIT Philippines, Global Care-branded programs, employees, faculty, learners, contractors, partners and franchisees
Review triggers	Annual; material law/regulation; new role/program/site; adverse event; regulator/partner direction
Controlled repository	To be designated by the Board/Document Controller
Supersedes	New comprehensive binder; local policies remain in force until reconciled and formally superseded

Approval signatures

Board Chair / Authorized Approver	Date	President / Chief Executive	Date
Academic & Clinical Governance Lead	Date	Compliance & Data Protection Lead	Date

Board Action Requested

Approve the governance model and authorize controlled implementation subject to the launch gates and pending validations stated in this binder. The Board is not being asked to declare any unverified Philippine licensure equivalency.

Proposed resolutions

- Adopt this binder as the core policy architecture for IHIT Philippines and participating Global Care franchise operations, effective on the date of final signatures.
- Require separate authorization for every program, credential claim, clinical site and regulated service before marketing, enrollment or operation.
- Authorize the Compliance Officer to issue non-substantive controlled corrections and to suspend activity presenting an immediate safety, scope, approval, privacy or misleading-claim risk.
- Direct the Academic and Clinical Governance Committee to obtain written CHED/PRC/TESDA/DOH and transport-authority clarifications for items marked Pending Validation before launch.
- Require an implementation report at 30, 60 and 90 days and an annual management review thereafter.

Decisions reserved for written validation

Item	Current board-safe position	Required validation
LPN pathway	Use Practical Nursing Foundations / International LPN Readiness only; no Philippine LPN licensure claim.	Written CHED/PRC route and title authorization.
Medication Technician	Use Medication Safety and Assistance; no independent administration authority.	PRC/DOH/TESDA or facility-specific written authority for any live medication task.
Wound Care Specialist	Licensed-clinician and awareness tracks separated; certificate does not expand scope.	Professional-board/facility review of procedures and CPD status.
NMT/NEMT	Training/transport-only framework; no ambulance or EMS representation.	DOTr/LTO/LTFRB/LGU/insurer/contracting authority and DOH/EMS review when applicable.

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1. Introduction, Purpose and Scope

Purpose

This binder establishes the governance, education, clinical-safety, documentation, privacy, quality and franchise controls required to design, approve, deliver, audit and improve IHIT programs and any separately authorized services. It is structured for board approval, implementation and evidence-based audit.

Scope

- All Philippine IHIT legal entities, campuses, skills laboratories, online learning environments, clinical affiliations, service locations and Global Care franchise operations adopting the IHIT brand or curriculum.
- All directors, employees, faculty, assessors, preceptors, contractors, agency workers, learners, franchise owners, partners and vendors with access to people, programs, records, systems or claims.
- The eight role pathways in Sections 4–11 and the operational controls, forms and appendices that support them.

Authority hierarchy

Priority	Authority	Rule
1	Philippine enacted law and official regulation	Controls all Philippine delivery and operations.
2	CHED, TESDA, PRC, DOH, NPC, DOLE, DOTr/LTO/LTFRB, LGU and other competent official issuances	Applies by program, profession, facility, data, workplace, transport and locality.
3	Contractual/accreditation/partner requirements	Adopt when lawfully agreed and not in conflict with controlling law.
4	Nevada NRS/NAC, NSBN/Nurse Aide Registry and US federal/agency sources	Benchmark only in the Philippines; mandatory only for separately authorized US/Nevada operations.
5	IHIT policies and professional guidance	Operationalize the above; cannot expand legal scope.

Interpretation rule

When requirements differ	Document the conflict, apply controlling Philippine authority, and apply the stricter benchmark only when compatible, voluntarily adopted or contractually required. Never silently merge rules or imply that Nevada approval transfers to the Philippines.

2. Governance and Management Model

Accountability

Body / role	Accountability	Reserved decisions and evidence
Board	Risk appetite, policy approval and oversight	Approves binder, high-risk program/service entry, annual review and material exceptions.
President / CEO	Executive implementation and resources	Names accountable officers; enforces stop-work; signs launch decisions within delegation.
Academic Governance	Program architecture and academic quality	Program classification, curriculum, faculty, assessment, learner outcomes and academic appeals.
Clinical Governance	Scope, patient/client safety and clinical quality	Live-contact authorization, supervision, protocols, competency and incident review.
Compliance / Legal	Regulatory matrix, claims and change control	Official-source validation, launch gate, report decisions, policy control and franchise compliance.
Data Protection Officer	Privacy and security	Data inventory, lawful processing, access, vendors, incidents and breach decisions.
Quality Council	Audit, KPI, CAPA and management review	Quarterly dashboard, risk-rated findings, effectiveness verification and recommendations.
Franchisee leadership	Local legal authority and implementation	Permits, staff, site evidence, local addendum, reporting and corrective action.
Faculty / supervisors	Safe instruction and assignment	Verify readiness, supervise, stop unsafe activity, document and escalate.
Learners / staff	Work within role and competence	Follow policy, protect rights/data, report concerns and invoke stop-work.

Three lines of assurance

- First line—program owners, faculty, supervisors and franchise operators execute controls and retain evidence.
- Second line—Compliance, Clinical Governance, Data Protection and Quality design standards, advise, monitor and challenge.
- Third line—independent internal audit, Board oversight and external regulator/accreditor review provide assurance.

Stop-work and escalation

Any person may stop an activity presenting imminent safety risk, unlicensed practice, missing supervision/consent, material privacy risk, expired authority or deceptive claim. The responsible executive records containment, investigation, corrective action and formal restart authorization. Good-faith reporting is protected from retaliation.

3. Regulatory Alignment and Localization

Nevada and North American benchmark controls

- Nursing and aide roles are title- and credential-sensitive: NRS Chapter 632 and NAC Chapter 632 distinguish nurses, nursing assistants and medication aides; training completion is not the same as state certification or licensure.
- Nevada nursing-assistant training is Board-approved and linked to competency examination and registry/certificate status. Federal 42 CFR Part 483 Subpart D provides the 75-hour floor, pre-contact subjects, practical training, competency evaluation and registry framework for covered nurse-aide programs.
- Medication aide practice is limited by prerequisite CNA status, approved education, examination, designated facilities, supervision, permitted routes and explicit prohibitions.
- Nevada home-health and personal-care regulations reinforce service plans, competency, supervision, client rights, background checks, documentation and quality review.
- OSHA and CDC sources inform exposure control and Standard Precautions; they are benchmarks unless independently applicable to a US operation or contract.

Philippine adaptation

- CHED governs higher education and BS Nursing standards; TESDA governs TVET qualifications, registered programs and national competency certification; PRC/Professional Regulatory Board of Nursing governs nursing registration and professional practice.
- DOH facility/service requirements apply when IHIT, a franchise or a clinical partner operates or uses a regulated health facility/service. Course terminology alone does not create DOH licensing authority.
- The Data Privacy Act and National Privacy Commission guidance govern personal and sensitive information; DOLE OSH requirements govern workplace safety; transport and local authorities govern relevant vehicles and services.
- Every Nevada control is classified as adopted, modified, superseded, not applicable, gap or pending validation in the Requirements Matrix and program-specific crosswalk.

Source access and currency

Sources in Appendix A-05 were accessed 31 August 2026. Before approval and before each program launch, the Compliance Officer must recheck the official URLs, effective dates, transitional provisions and applicability. Printed extracts are not the source of truth when an official source has changed.

4. Certified Nursing Assistant (CNA) / Nursing Assistant Pathway

Philippine controlling position	TESDA Health Care Services NC II is the primary TVET mapping. “CNA” is an international/US-readiness descriptor unless the learner separately earns the destination-jurisdiction credential. It is not a Philippine nursing license.

Policy ID	Title	Owner	Applicability / Trigger
IHIT-ROLE-04	Certified Nursing Assistant (CNA) / Nursing Assistant Pathway	Academic & Clinical Governance	Program design, admission, teaching, placement, assessment, credential claim and annual review
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Purpose and policy statement

IHIT shall provide education only through the route authorized for the jurisdiction and service model. Completion demonstrates the competencies actually assessed; it does not create a license, certification, protected title, employment right or independent scope not issued by the competent authority. The learner, faculty member, employer and franchise must each operate within current law, written job/learner status, demonstrated competency, site policy and supervision.

Nevada benchmark header

NRS 632.0166, 632.285–632.2858 · NAC 632.721–632.805 · NSBN State Nurse Aide Registry

Qualification and admission controls

- Admission and completion requirements shall match the current TESDA Training Regulation and IHIT program registration when the qualification is offered as Health Care Services NC II.
- Before any clinical or simulated resident-contact activity, the file must contain identity validation, health clearance appropriate to the site, confidentiality and rights attestations, prerequisite competency sign-offs, and site authorization.
- For Nevada-facing readiness, the curriculum crosswalk shall show the 75-hour minimum, at least 16 pre-contact hours in the specified safety topics, supervised practical training, competency evaluation, and registry/certification steps. This crosswalk does not itself confer Nevada approval.

4.1 Authorized and prohibited functions

Authorized only when all conditions are met

- Personal care, comfort, hygiene, mobility, nutrition/hydration support, environmental safety, observation, recording and prompt reporting—only as authorized by the applicable Philippine program, clinical site and written role description.
- Standard Precautions, basic vital-sign measurement, intake/output and specimen support where trained, authorized and supervised.
- Support for independence, psychosocial needs, dignity, client rights and culturally responsive communication.

Prohibited / stop-and-escalate

- Independent nursing assessment, diagnosis, care planning, triage, medication administration, sterile/invasive procedures, or alteration of a treatment plan.
- Use of “CNA,” “Nevada CNA,” “registered nurse aide,” or similar claims implying certification until the appropriate authority has issued and verified the credential.
- Learner contact with clients before instruction, competency validation, consent/site clearance and required supervision are documented.

Universal decision rule

Before any task	Confirm: (1) current legal authority; (2) approved program/job role; (3) trained and currently competent; (4) valid assignment/order/consent; (5) required supervisor and resources available; and (6) documentation and escalation path ready. If any element is absent or unclear, do not perform the task and contact the supervisor.

4.2 Curriculum and competency standard

Domain	Minimum evidence of mastery	Assessment
1. Communication and interpersonal skills	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
2. Infection prevention and PPE	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
3. Safety and emergency response	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
4. Client rights and independence	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
5. Basic nursing and personal care	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
6. Restorative and mobility support	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
7. Observation, documentation and escalation	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
8. Skills examination and remediation	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.

Competency rule

Competency is task-, equipment-, population- and setting-specific. A passing written score does not substitute for observed performance when the task is psychomotor or safety-critical. Any unsafe act, breach of rights, infection-control failure, scope violation or failure to escalate is a critical fail requiring immediate stop, remediation and reassessment by a qualified evaluator.

Training duration and external qualification

When the program is offered under CHED or TESDA authority, the current approved curriculum and Training Regulation govern duration, sequencing, facilities, trainer qualifications and assessment. Nevada hour floors or US federal requirements are retained only as documented benchmarks for destination-readiness; they never replace Philippine approval or a destination regulator’s own application process.

4.3 Supervision, documentation, renewal and audit

Supervision and escalation

- The program authorization and clinical/site agreement define supervision as direct, immediate, on-site, available or remote only where law and risk permit. Learners never independently select their supervision level.
- The supervisor confirms assignment, client consent, learner readiness and task authorization; remains available as required; observes critical skills; reviews documentation; and intervenes or stops work when safety or scope is uncertain.
- Changes in condition, refusal, error, exposure, equipment failure, suspected abuse, privacy concern or task outside the plan are reported immediately through the stated chain and emergency pathway.

Required evidence

- Approved curriculum and Nevada/PH crosswalk
- Trainer credentials and ratio record
- Skills checklists with evaluator signatures
- Clinical affiliation and learner clearance
- Theory/skills/clinical attendance
- Assessment results and remediation
- Credential/registry verification where claimed

Renewal and audit

Program approval, faculty authorization, clinical sites, learner disclosure, assessment blueprint and marketing claims are reviewed before each cohort and at least annually. Individual competency is renewed at the frequency required by the regulator, employer, site, certification or risk assessment and whenever a material change, lapse, adverse event or performance concern occurs. The Quality Team samples at least 10% of active learner/personnel files per quarter, or all files when the cohort is fewer than 20, and tracks findings through CAPA.

5. Licensed Practical Nurse (LPN) / Practical Nursing Readiness

Philippine controlling position	No independent Philippine LPN licensure pathway was confirmed in the controlling sources reviewed as of 31 August 2026. Until written CHED/PRC validation is obtained, IHIT shall use “Practical Nursing Foundations” or “International LPN Readiness,” not “Philippine LPN licensure program.”

Policy ID	Title	Owner	Applicability / Trigger
IHIT-ROLE-05	Licensed Practical Nurse (LPN) / Practical Nursing Readiness	Academic & Clinical Governance	Program design, admission, teaching, placement, assessment, credential claim and annual review
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Purpose and policy statement

IHIT shall provide education only through the route authorized for the jurisdiction and service model. Completion demonstrates the competencies actually assessed; it does not create a license, certification, protected title, employment right or independent scope not issued by the competent authority. The learner, faculty member, employer and franchise must each operate within current law, written job/learner status, demonstrated competency, site policy and supervision.

Nevada benchmark header

NRS 632.016–632.017 · NAC 632.228–632.242 · NAC 632.244–632.249

Qualification and admission controls

- Any degree, diploma or licensure-preparatory claim requires prior written authorization from the competent Philippine authority and inclusion in the Program Authorization File.
- Faculty teaching nursing practice must hold current, verified Philippine professional credentials appropriate to the content and clinical setting; destination-specific faculty requirements apply to any authorized foreign pathway.
- Admissions, clinical placement, assessments and graduate claims must be linked to a regulator-approved curriculum rather than an institution-created title alone.

5.1 Authorized and prohibited functions

Authorized only when all conditions are met

- Education in practical-nursing concepts, focused data collection, communication, selected technical skills and supervised clinical reasoning when delivered within an authorized educational framework.
- For a learner already licensed as a Philippine nurse, advanced content may be provided as continuing professional development only if the provider/activity requirements are satisfied.
- Destination-readiness advising may explain application and examination steps without guaranteeing eligibility, employment or licensure.

Prohibited / stop-and-escalate

- Representing an IHIT certificate as a Philippine nursing license, Nevada LPN license, NCLEX authorization or guaranteed eligibility.
- Allowing unlicensed learners to provide nursing services outside a lawful student role and approved clinical affiliation.
- Using Nevada scope provisions as authority to practice in the Philippines.

Universal decision rule

Before any task	Confirm: (1) current legal authority; (2) approved program/job role; (3) trained and currently competent; (4) valid assignment/order/consent; (5) required supervisor and resources available; and (6) documentation and escalation path ready. If any element is absent or unclear, do not perform the task and contact the supervisor.

5.2 Curriculum and competency standard

Domain	Minimum evidence of mastery	Assessment
1. Role and legal boundaries	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
2. Focused assessment concepts	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
3. Care-plan contribution	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
4. Medication and treatment principles	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
5. Therapeutic procedures	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
6. Delegation and supervision boundaries	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
7. Documentation and clinical communication	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
8. Licensure-readiness advising	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.

Competency rule

Competency is task-, equipment-, population- and setting-specific. A passing written score does not substitute for observed performance when the task is psychomotor or safety-critical. Any unsafe act, breach of rights, infection-control failure, scope violation or failure to escalate is a critical fail requiring immediate stop, remediation and reassessment by a qualified evaluator.

Training duration and external qualification

When the program is offered under CHED or TESDA authority, the current approved curriculum and Training Regulation govern duration, sequencing, facilities, trainer qualifications and assessment. Nevada hour floors or US federal requirements are retained only as documented benchmarks for destination-readiness; they never replace Philippine approval or a destination regulator’s own application process.

5.3 Supervision, documentation, renewal and audit

Supervision and escalation

- The program authorization and clinical/site agreement define supervision as direct, immediate, on-site, available or remote only where law and risk permit. Learners never independently select their supervision level.
- The supervisor confirms assignment, client consent, learner readiness and task authorization; remains available as required; observes critical skills; reviews documentation; and intervenes or stops work when safety or scope is uncertain.
- Changes in condition, refusal, error, exposure, equipment failure, suspected abuse, privacy concern or task outside the plan are reported immediately through the stated chain and emergency pathway.

Required evidence

- Written CHED/PRC/TESDA determination
- Approved curriculum and program authority
- Faculty license verification
- Clinical affiliation and supervision plan
- Learner disclosure and acknowledgment
- Assessment blueprint and results
- Marketing-claim approval

Renewal and audit

Program approval, faculty authorization, clinical sites, learner disclosure, assessment blueprint and marketing claims are reviewed before each cohort and at least annually. Individual competency is renewed at the frequency required by the regulator, employer, site, certification or risk assessment and whenever a material change, lapse, adverse event or performance concern occurs. The Quality Team samples at least 10% of active learner/personnel files per quarter, or all files when the cohort is fewer than 20, and tracks findings through CAPA.

6. Wound Care Specialist / Wound Care Education

Philippine controlling position	“Wound Care Specialist” is an educational or employment descriptor, not an automatic expansion of Philippine professional scope. Clinical assessment, debridement, prescription and treatment remain limited to authorized licensed professionals and facility rules.

Policy ID	Title	Owner	Applicability / Trigger
IHIT-ROLE-06	Wound Care Specialist / Wound Care Education	Academic & Clinical Governance	Program design, admission, teaching, placement, assessment, credential claim and annual review
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Purpose and policy statement

IHIT shall provide education only through the route authorized for the jurisdiction and service model. Completion demonstrates the competencies actually assessed; it does not create a license, certification, protected title, employment right or independent scope not issued by the competent authority. The learner, faculty member, employer and franchise must each operate within current law, written job/learner status, demonstrated competency, site policy and supervision.

Nevada benchmark header

NRS 632.017–632.018 · NAC 632.224–632.225 · NAC 632.242 · NAC 632.244

Qualification and admission controls

- The clinical-specialist track is restricted to participants whose current professional license and employer scope authorize the taught activities; license status is verified at admission and before skills assessment.
- A non-licensed awareness track must be separately titled, coded, assessed and marketed; it may cover recognition, prevention, observation, documentation and escalation only.
- High-risk procedures require written protocol, qualified preceptor, simulation validation and clinical-site authorization before performance on a person.

6.1 Authorized and prohibited functions

Authorized only when all conditions are met

- Licensed track: evidence-based skin and wound assessment, prevention, measurement, documentation, care-plan participation and procedures within the participant's legal scope and approved protocol.
- Awareness track: pressure-injury prevention, skin observation, positioning support, moisture management, nutrition/hydration prompts and immediate reporting.
- Use of photographs only with lawful authority, documented consent, minimum-necessary access and secure storage.

Prohibited / stop-and-escalate

- A certificate authorizing unlicensed diagnosis, staging as a final clinical determination, sharp debridement, prescription, independent treatment selection or invasive procedures.
- Product endorsement presented as a clinical standard without evidence review and conflict-of-interest disclosure.
- Clinical images on personal devices or informal messaging platforms.

Universal decision rule

Before any task	Confirm: (1) current legal authority; (2) approved program/job role; (3) trained and currently competent; (4) valid assignment/order/consent; (5) required supervisor and resources available; and (6) documentation and escalation path ready. If any element is absent or unclear, do not perform the task and contact the supervisor.

6.2 Curriculum and competency standard

Domain	Minimum evidence of mastery	Assessment
1. Skin integrity and risk	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
2. Wound observation/assessment by track	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
3. Infection red flags	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
4. Measurement and photography controls	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
5. Pressure-injury prevention	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
6. Treatment principles by scope	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
7. Documentation and referral	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
8. Annual specialty competency	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.

Competency rule

Competency is task-, equipment-, population- and setting-specific. A passing written score does not substitute for observed performance when the task is psychomotor or safety-critical. Any unsafe act, breach of rights, infection-control failure, scope violation or failure to escalate is a critical fail requiring immediate stop, remediation and reassessment by a qualified evaluator.

Training duration and external qualification

When the program is offered under CHED or TESDA authority, the current approved curriculum and Training Regulation govern duration, sequencing, facilities, trainer qualifications and assessment. Nevada hour floors or US federal requirements are retained only as documented benchmarks for destination-readiness; they never replace Philippine approval or a destination regulator’s own application process.

6.3 Supervision, documentation, renewal and audit

Supervision and escalation

- The program authorization and clinical/site agreement define supervision as direct, immediate, on-site, available or remote only where law and risk permit. Learners never independently select their supervision level.
- The supervisor confirms assignment, client consent, learner readiness and task authorization; remains available as required; observes critical skills; reviews documentation; and intervenes or stops work when safety or scope is uncertain.
- Changes in condition, refusal, error, exposure, equipment failure, suspected abuse, privacy concern or task outside the plan are reported immediately through the stated chain and emergency pathway.

Required evidence

- License and scope verification
- Track-specific curriculum
- Procedure authorization matrix
- Simulation and clinical competency
- Image consent/access log
- Annual recertification
- Clinical advisory review

Renewal and audit

Program approval, faculty authorization, clinical sites, learner disclosure, assessment blueprint and marketing claims are reviewed before each cohort and at least annually. Individual competency is renewed at the frequency required by the regulator, employer, site, certification or risk assessment and whenever a material change, lapse, adverse event or performance concern occurs. The Quality Team samples at least 10% of active learner/personnel files per quarter, or all files when the cohort is fewer than 20, and tracks findings through CAPA.

7. Medication Technician / Medication Safety and Assistance

Philippine controlling position	The Nevada Medication Aide–Certified model is a benchmark only. IHIT shall title the Philippine non-licensure course “Medication Safety and Assistance” unless a competent Philippine authority authorizes another title and scope in writing.

Policy ID	Title	Owner	Applicability / Trigger
IHIT-ROLE-07	Medication Technician / Medication Safety and Assistance	Academic & Clinical Governance	Program design, admission, teaching, placement, assessment, credential claim and annual review
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Purpose and policy statement

IHIT shall provide education only through the route authorized for the jurisdiction and service model. Completion demonstrates the competencies actually assessed; it does not create a license, certification, protected title, employment right or independent scope not issued by the competent authority. The learner, faculty member, employer and franchise must each operate within current law, written job/learner status, demonstrated competency, site policy and supervision.

Nevada benchmark header

NRS 632.0165, 632.291–632.296 · NAC 632.0475 · NAC 632.320–632.380 · NAC 632.810–632.875

Qualification and admission controls

- Nevada-facing material shall explain that a Nevada medication aide–certified must first be a Nevada CNA, meet employment and education prerequisites, complete an approved course of at least 100 hours, pass the examination, and work only in a designated facility under required supervision.
- Philippine learners may perform medication-related tasks only when current law, facility policy, a valid order and an authorized licensed professional permit the task; institutional training alone is insufficient.
- Admission to any hands-on medication module requires baseline numeracy, identity/credential verification, medication-safety theory and error-reporting training.

7.1 Authorized and prohibited functions

Authorized only when all conditions are met

- Medication reconciliation support, label reading, storage, observation, documentation, adherence prompts and assistance with self-administration when specifically lawful and authorized.
- Simulation of medication rights, three safety checks, communication, refusal, omitted dose, adverse-effect recognition and escalation.
- Administration by a licensed participant only within that person’s professional scope, valid order, employer authorization and supervision rules.

Prohibited / stop-and-escalate

- Independent dose calculation or change, receipt/transcription of new orders, administration of controlled substances, parenteral or enteral routes, initial-dose clinical decisions, patient assessment or medication-error evaluation by unlicensed learners.
- Use of the Nevada MAC title or certificate without Nevada certification and designated-facility conditions.
- Medication handling during training without chain-of-custody, secure storage, client consent/site approval and direct qualified supervision.

Universal decision rule

Before any task	Confirm: (1) current legal authority; (2) approved program/job role; (3) trained and currently competent; (4) valid assignment/order/consent; (5) required supervisor and resources available; and (6) documentation and escalation path ready. If any element is absent or unclear, do not perform the task and contact the supervisor.

7.2 Curriculum and competency standard

Domain	Minimum evidence of mastery	Assessment
1. Medication law and role	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
2. Rights and three checks	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
3. Routes and dosage forms	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
4. Storage and security	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
5. Documentation/MAR concepts	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
6. Adverse effects and refusal	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
7. Error response and disclosure	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
8. Simulation and annual validation	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.

Competency rule

Competency is task-, equipment-, population- and setting-specific. A passing written score does not substitute for observed performance when the task is psychomotor or safety-critical. Any unsafe act, breach of rights, infection-control failure, scope violation or failure to escalate is a critical fail requiring immediate stop, remediation and reassessment by a qualified evaluator.

Training duration and external qualification

When the program is offered under CHED or TESDA authority, the current approved curriculum and Training Regulation govern duration, sequencing, facilities, trainer qualifications and assessment. Nevada hour floors or US federal requirements are retained only as documented benchmarks for destination-readiness; they never replace Philippine approval or a destination regulator’s own application process.

7.3 Supervision, documentation, renewal and audit

Supervision and escalation

- The program authorization and clinical/site agreement define supervision as direct, immediate, on-site, available or remote only where law and risk permit. Learners never independently select their supervision level.
- The supervisor confirms assignment, client consent, learner readiness and task authorization; remains available as required; observes critical skills; reviews documentation; and intervenes or stops work when safety or scope is uncertain.
- Changes in condition, refusal, error, exposure, equipment failure, suspected abuse, privacy concern or task outside the plan are reported immediately through the stated chain and emergency pathway.

Required evidence

- Program approval and title review
- Prerequisite verification
- Medication curriculum crosswalk
- Simulation checklists
- Supervision and facility authorization
- Error-drill record
- Annual competency/renewal

Renewal and audit

Program approval, faculty authorization, clinical sites, learner disclosure, assessment blueprint and marketing claims are reviewed before each cohort and at least annually. Individual competency is renewed at the frequency required by the regulator, employer, site, certification or risk assessment and whenever a material change, lapse, adverse event or performance concern occurs. The Quality Team samples at least 10% of active learner/personnel files per quarter, or all files when the cohort is fewer than 20, and tracks findings through CAPA.

8. Home Health Aide (HHA) / Home Health Support

Philippine controlling position	HHA is a destination-market descriptor. Philippine delivery should map to the current TESDA qualification and the actual licensed employer/facility role. DOH requirements apply when IHIT or an affiliate operates a regulated health facility or service, not merely because a course uses health terminology.

Policy ID	Title	Owner	Applicability / Trigger
IHIT-ROLE-08	Home Health Aide (HHA) / Home Health Support	Academic & Clinical Governance	Program design, admission, teaching, placement, assessment, credential claim and annual review
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Purpose and policy statement

IHIT shall provide education only through the route authorized for the jurisdiction and service model. Completion demonstrates the competencies actually assessed; it does not create a license, certification, protected title, employment right or independent scope not issued by the competent authority. The learner, faculty member, employer and franchise must each operate within current law, written job/learner status, demonstrated competency, site policy and supervision.

Nevada benchmark header

NAC 449.749–449.774 (home health agencies) · NRS 449.123–449.125 · NRS 632.0166

Qualification and admission controls

- The program route and title must be selected through the launch gate: TESDA-registered qualification, institution-only enrichment, or employer orientation. These routes must not be conflated.
- Clinical-home placement requires a written agreement, client consent, service plan, preceptor/supervisor assignment, emergency contacts and verified learner readiness.
- Background and safeguarding checks are risk-based and conducted under Philippine law, privacy principles and clinical-site requirements before unsupervised access.

8.1 Authorized and prohibited functions

Authorized only when all conditions are met

- Personal care, mobility, meal and hydration support, environmental safety, observation, documentation and tasks in a written service/care plan for which the aide is trained, competent and supervised.
- Infection prevention, household hazard recognition, emergency activation and support for client choice and independence.
- Clinical tasks only when expressly permitted by controlling law and assigned by an authorized licensed professional after competency validation.

Prohibited / stop-and-escalate

- Independent assessment, plan-of-care development, nursing diagnosis, medication administration or invasive treatment by an unlicensed aide.
- Unscheduled substitution, undocumented visits, acceptance of gifts/loans or access to client finances outside a controlled, authorized process.
- Working alone when the learner’s status, client condition or site agreement requires direct supervision.

Universal decision rule

Before any task	Confirm: (1) current legal authority; (2) approved program/job role; (3) trained and currently competent; (4) valid assignment/order/consent; (5) required supervisor and resources available; and (6) documentation and escalation path ready. If any element is absent or unclear, do not perform the task and contact the supervisor.

8.2 Curriculum and competency standard

Domain	Minimum evidence of mastery	Assessment
1. Home safety and infection prevention	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
2. Personal care and mobility	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
3. Nutrition/hydration support	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
4. Service-plan adherence	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
5. Observation and escalation	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
6. Documentation and visit verification	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
7. Rights, boundaries and safeguarding	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
8. Emergency and continuity plans	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.

Competency rule

Competency is task-, equipment-, population- and setting-specific. A passing written score does not substitute for observed performance when the task is psychomotor or safety-critical. Any unsafe act, breach of rights, infection-control failure, scope violation or failure to escalate is a critical fail requiring immediate stop, remediation and reassessment by a qualified evaluator.

Training duration and external qualification

When the program is offered under CHED or TESDA authority, the current approved curriculum and Training Regulation govern duration, sequencing, facilities, trainer qualifications and assessment. Nevada hour floors or US federal requirements are retained only as documented benchmarks for destination-readiness; they never replace Philippine approval or a destination regulator’s own application process.

8.3 Supervision, documentation, renewal and audit

Supervision and escalation

- The program authorization and clinical/site agreement define supervision as direct, immediate, on-site, available or remote only where law and risk permit. Learners never independently select their supervision level.
- The supervisor confirms assignment, client consent, learner readiness and task authorization; remains available as required; observes critical skills; reviews documentation; and intervenes or stops work when safety or scope is uncertain.
- Changes in condition, refusal, error, exposure, equipment failure, suspected abuse, privacy concern or task outside the plan are reported immediately through the stated chain and emergency pathway.

Required evidence

- Program/route authorization
- Home-placement agreement and consent
- Competency file
- Visit/service logs
- Supervision notes
- Incident/escalation records
- Client feedback and QA review

Renewal and audit

Program approval, faculty authorization, clinical sites, learner disclosure, assessment blueprint and marketing claims are reviewed before each cohort and at least annually. Individual competency is renewed at the frequency required by the regulator, employer, site, certification or risk assessment and whenever a material change, lapse, adverse event or performance concern occurs. The Quality Team samples at least 10% of active learner/personnel files per quarter, or all files when the cohort is fewer than 20, and tracks findings through CAPA.

9. Home Care Aide / Personal Care Attendant

Philippine controlling position	Map to current TESDA caregiving standards and the employer's non-medical service model. The role supports activities of daily living and does not become a nursing role because it is delivered in a home.

Policy ID	Title	Owner	Applicability / Trigger
IHIT-ROLE-09	Home Care Aide / Personal Care Attendant	Academic & Clinical Governance	Program design, admission, teaching, placement, assessment, credential claim and annual review
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Purpose and policy statement

IHIT shall provide education only through the route authorized for the jurisdiction and service model. Completion demonstrates the competencies actually assessed; it does not create a license, certification, protected title, employment right or independent scope not issued by the competent authority. The learner, faculty member, employer and franchise must each operate within current law, written job/learner status, demonstrated competency, site policy and supervision.

Nevada benchmark header

NRS 449.0021, 449.0302–449.0304 · NAC 449.3961–449.3987 · NAC 449.3978

Qualification and admission controls

- The written role description must distinguish non-medical personal care from home health/nursing services and list authorized tasks, prohibited tasks and escalation triggers.
- Competency is validated before assignment and whenever the client's needs, equipment or task changes.
- The franchise must verify trainer qualifications, program registration where applicable, and client-service licensing before advertising placement or services.

9.1 Authorized and prohibited functions

Authorized only when all conditions are met

- Bathing, grooming, dressing, toileting, eating, transfers, ambulation, companionship, light housekeeping and other authorized ADL/IADL support.
- Observation and reporting of changes, missed visits, environmental hazards, suspected abuse or service-plan mismatch.
- Only specifically authorized health-related assistance after task training, competency validation and the required professional direction.

Prohibited / stop-and-escalate

- Any task prohibited by the service plan, policy, controlling law or the person’s demonstrated competency.
- Independent clinical judgment, medication changes, sterile procedures, financial exploitation, coercion or concealment of errors.
- Marketing the role as a nurse, CNA or licensed healthcare professional without the corresponding verified credential.

Universal decision rule

Before any task	Confirm: (1) current legal authority; (2) approved program/job role; (3) trained and currently competent; (4) valid assignment/order/consent; (5) required supervisor and resources available; and (6) documentation and escalation path ready. If any element is absent or unclear, do not perform the task and contact the supervisor.

9.2 Curriculum and competency standard

Domain	Minimum evidence of mastery	Assessment
1. ADL/IADL assistance	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
2. Body mechanics and transfer	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
3. Client-directed care	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
4. Dementia-responsive communication	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
5. Boundary and safeguarding	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
6. Service-plan/documentation	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
7. Missed-visit continuity	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
8. Supervisor contact and escalation	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.

Competency rule

Competency is task-, equipment-, population- and setting-specific. A passing written score does not substitute for observed performance when the task is psychomotor or safety-critical. Any unsafe act, breach of rights, infection-control failure, scope violation or failure to escalate is a critical fail requiring immediate stop, remediation and reassessment by a qualified evaluator.

Training duration and external qualification

When the program is offered under CHED or TESDA authority, the current approved curriculum and Training Regulation govern duration, sequencing, facilities, trainer qualifications and assessment. Nevada hour floors or US federal requirements are retained only as documented benchmarks for destination-readiness; they never replace Philippine approval or a destination regulator’s own application process.

9.3 Supervision, documentation, renewal and audit

Supervision and escalation

- The program authorization and clinical/site agreement define supervision as direct, immediate, on-site, available or remote only where law and risk permit. Learners never independently select their supervision level.
- The supervisor confirms assignment, client consent, learner readiness and task authorization; remains available as required; observes critical skills; reviews documentation; and intervenes or stops work when safety or scope is uncertain.
- Changes in condition, refusal, error, exposure, equipment failure, suspected abuse, privacy concern or task outside the plan are reported immediately through the stated chain and emergency pathway.

Required evidence

- Role description and service plan
- Training/competency record
- Background/safeguarding file
- Visit log
- Supervisory contact record
- Complaint/incident log
- Client satisfaction review

Renewal and audit

Program approval, faculty authorization, clinical sites, learner disclosure, assessment blueprint and marketing claims are reviewed before each cohort and at least annually. Individual competency is renewed at the frequency required by the regulator, employer, site, certification or risk assessment and whenever a material change, lapse, adverse event or performance concern occurs. The Quality Team samples at least 10% of active learner/personnel files per quarter, or all files when the cohort is fewer than 20, and tracks findings through CAPA.

10. Newborn Care Specialist (NCS) / Newborn-to-Preschool Caregiving

Philippine controlling position	Use the current TESDA Caregiving (Newborn to Preschooler) NC II route when offered as a national qualification. “Newborn Care Specialist” remains an institutional descriptor and must not imply neonatal nursing, midwifery, medical diagnosis or licensure.

Policy ID	Title	Owner	Applicability / Trigger
IHIT-ROLE-10	Newborn Care Specialist (NCS) / Newborn-to-Preschool Caregiving	Academic & Clinical Governance	Program design, admission, teaching, placement, assessment, credential claim and annual review
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Purpose and policy statement

IHIT shall provide education only through the route authorized for the jurisdiction and service model. Completion demonstrates the competencies actually assessed; it does not create a license, certification, protected title, employment right or independent scope not issued by the competent authority. The learner, faculty member, employer and franchise must each operate within current law, written job/learner status, demonstrated competency, site policy and supervision.

Nevada benchmark header

No discrete Nevada NCS license identified · NRS 632.315–632.316 · NAC 632.244–632.249 · NAC 449.3974–449.3978 (boundaries)

Qualification and admission controls

- Safeguarding, identity, health, emergency, CPR/first-aid and caregiver-competency prerequisites are completed before any newborn/child placement, subject to current law and site requirements.
- Training includes family-centered communication, safe sleep, feeding support boundaries, hygiene, growth/development observation, household safety and escalation.
- Placements require parent/guardian consent, written duties, emergency contacts, handoff rules and supervision appropriate to learner status.

10.1 Authorized and prohibited functions

Authorized only when all conditions are met

- Routine non-medical newborn/child care, hygiene, comfort, safe environment, developmentally appropriate interaction, logs and prompt escalation within the written care arrangement.
- Feeding support consistent with the parent’s plan and professional advice; observation and documentation of intake, output and behavior without diagnosis.
- Emergency activation and first aid within current certification and training.

Prohibited / stop-and-escalate

- Clinical assessment, diagnosis, prescription, neonatal nursing, midwifery, lactation-consultant claims, treatment or medication administration without independent legal authority.
- Unsafe sleep practices, unattended high-risk infants, transport without authorization, or photography/social media use without documented guardian authorization and privacy review.
- Claiming the IHIT certificate is a government professional license.

Universal decision rule

Before any task	Confirm: (1) current legal authority; (2) approved program/job role; (3) trained and currently competent; (4) valid assignment/order/consent; (5) required supervisor and resources available; and (6) documentation and escalation path ready. If any element is absent or unclear, do not perform the task and contact the supervisor.

10.2 Curriculum and competency standard

Domain	Minimum evidence of mastery	Assessment
1. Safeguarding and family rights	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
2. Safe sleep and environment	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
3. Hygiene and routine care	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
4. Feeding-support boundaries	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
5. Growth/development observation	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
6. Logs and handoff	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
7. Illness/red-flag escalation	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
8. Emergency/first aid	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.

Competency rule

Competency is task-, equipment-, population- and setting-specific. A passing written score does not substitute for observed performance when the task is psychomotor or safety-critical. Any unsafe act, breach of rights, infection-control failure, scope violation or failure to escalate is a critical fail requiring immediate stop, remediation and reassessment by a qualified evaluator.

Training duration and external qualification

When the program is offered under CHED or TESDA authority, the current approved curriculum and Training Regulation govern duration, sequencing, facilities, trainer qualifications and assessment. Nevada hour floors or US federal requirements are retained only as documented benchmarks for destination-readiness; they never replace Philippine approval or a destination regulator’s own application process.

10.3 Supervision, documentation, renewal and audit

Supervision and escalation

- The program authorization and clinical/site agreement define supervision as direct, immediate, on-site, available or remote only where law and risk permit. Learners never independently select their supervision level.
- The supervisor confirms assignment, client consent, learner readiness and task authorization; remains available as required; observes critical skills; reviews documentation; and intervenes or stops work when safety or scope is uncertain.
- Changes in condition, refusal, error, exposure, equipment failure, suspected abuse, privacy concern or task outside the plan are reported immediately through the stated chain and emergency pathway.

Required evidence

- TESDA/program registration file
- Safeguarding/background check
- Guardian consent and placement plan
- Competency checklist
- Daily newborn-care log
- Emergency drill
- Trainer and assessor file

Renewal and audit

Program approval, faculty authorization, clinical sites, learner disclosure, assessment blueprint and marketing claims are reviewed before each cohort and at least annually. Individual competency is renewed at the frequency required by the regulator, employer, site, certification or risk assessment and whenever a material change, lapse, adverse event or performance concern occurs. The Quality Team samples at least 10% of active learner/personnel files per quarter, or all files when the cohort is fewer than 20, and tracks findings through CAPA.

11. Non-Medical / Non-Emergency Medical Transportation (NMT/NEMT) Operator

Philippine controlling position	Transport operations require written validation of applicable DOTr, LTO, LTFRB, local-government, insurance and contracting rules. If the role includes emergency medical services, use the current TESDA EMS qualification and applicable health-service authorization; NMT/NEMT training alone confers no clinical scope.

Policy ID	Title	Owner	Applicability / Trigger
IHIT-ROLE-11	Non-Medical / Non-Emergency Medical Transportation (NMT/NEMT) Operator	Academic & Clinical Governance	Program design, admission, teaching, placement, assessment, credential claim and annual review
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Purpose and policy statement

IHIT shall provide education only through the route authorized for the jurisdiction and service model. Completion demonstrates the competencies actually assessed; it does not create a license, certification, protected title, employment right or independent scope not issued by the competent authority. The learner, faculty member, employer and franchise must each operate within current law, written job/learner status, demonstrated competency, site policy and supervision.

Nevada benchmark header

NRS Chapter 706 · NAC Chapter 706 · Nevada Medicaid Services Manual Ch. 1900 · NRS 632.315–632.316

Qualification and admission controls

- The operator and driver files must document lawful driving authority, vehicle class/registration, insurance, medical fitness as applicable, background screening, safety training and role competency.
- Each vehicle/service model requires a written risk assessment covering passenger mobility, securement, infection prevention, communication, emergency response and continuity.
- IHIT shall not launch a revenue transport service until the Legal/Regulatory Owner signs the Program and Service Authorization Checklist.

11.1 Authorized and prohibited functions

Authorized only when all conditions are met

- Scheduled non-emergency transport, passenger identification, respectful assistance, approved mobility-device securement, trip documentation, privacy protection and emergency activation.
- Basic first aid only within current certification and organizational protocol; observation and communication of changes without clinical interpretation.
- Handoffs to authorized receiving persons using minimum-necessary information and documented custody/arrival status.

Prohibited / stop-and-escalate

- Representing a non-emergency vehicle as an ambulance, providing emergency response beyond lawful authority, or delaying activation of emergency services.
- Medication administration, clinical monitoring or restraint unless independently authorized and included in a compliant service model.
- Transport with defective securement/safety equipment, unauthorized passengers, missing consent, or unresolved clinical/behavioral risk beyond the service capability.

Universal decision rule

Before any task	Confirm: (1) current legal authority; (2) approved program/job role; (3) trained and currently competent; (4) valid assignment/order/consent; (5) required supervisor and resources available; and (6) documentation and escalation path ready. If any element is absent or unclear, do not perform the task and contact the supervisor.

11.2 Curriculum and competency standard

Domain	Minimum evidence of mastery	Assessment
1. Regulatory and trip authorization	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
2. Passenger rights and communication	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
3. Vehicle pre-trip safety	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
4. Mobility/securement	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
5. Infection prevention and cleaning	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
6. Handoff and documentation	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
7. Breakdown/incident response	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.
8. Emergency recognition and activation	Defined behavioral objective; current source; guided practice; role boundary and escalation integrated.	Knowledge check plus observation, simulation or return demonstration appropriate to risk.

Competency rule

Competency is task-, equipment-, population- and setting-specific. A passing written score does not substitute for observed performance when the task is psychomotor or safety-critical. Any unsafe act, breach of rights, infection-control failure, scope violation or failure to escalate is a critical fail requiring immediate stop, remediation and reassessment by a qualified evaluator.

Training duration and external qualification

When the program is offered under CHED or TESDA authority, the current approved curriculum and Training Regulation govern duration, sequencing, facilities, trainer qualifications and assessment. Nevada hour floors or US federal requirements are retained only as documented benchmarks for destination-readiness; they never replace Philippine approval or a destination regulator’s own application process.

11.3 Supervision, documentation, renewal and audit

Supervision and escalation

- The program authorization and clinical/site agreement define supervision as direct, immediate, on-site, available or remote only where law and risk permit. Learners never independently select their supervision level.
- The supervisor confirms assignment, client consent, learner readiness and task authorization; remains available as required; observes critical skills; reviews documentation; and intervenes or stops work when safety or scope is uncertain.
- Changes in condition, refusal, error, exposure, equipment failure, suspected abuse, privacy concern or task outside the plan are reported immediately through the stated chain and emergency pathway.

Required evidence

- Driver/vehicle/insurance file
- Authorization and route record
- Pre-trip checklist
- Securement competency
- Cleaning log
- Trip and handoff log
- Incident/maintenance/CAPA records

Renewal and audit

Program approval, faculty authorization, clinical sites, learner disclosure, assessment blueprint and marketing claims are reviewed before each cohort and at least annually. Individual competency is renewed at the frequency required by the regulator, employer, site, certification or risk assessment and whenever a material change, lapse, adverse event or performance concern occurs. The Quality Team samples at least 10% of active learner/personnel files per quarter, or all files when the cohort is fewer than 20, and tracks findings through CAPA.

12. Operational Policies and Procedures

The following policies are mandatory core controls. Franchisees implement them through the approved forms and a Local Compliance Addendum. A local procedure may add detail but may not remove a control without documented legal conflict, risk assessment and approval.

12.1 Program Authorization and Launch Gate

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-1	Program Authorization and Launch Gate	Academic Governance Lead	Before marketing, enrollment, delivery, material change and annual renewal
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Program sponsor submits the proposed title, target learner, credential claim, curriculum, delivery mode, clinical component, faculty, site, equipment, regulator route and destination-market claims.
- 2. Compliance classifies the offering as CHED higher education, TESDA TVET, PRC/CPD, employer orientation, institution-only continuing education, or destination-readiness. Unresolved programs are coded PENDING VALIDATION and may not be marketed or enrolled.
- 3. Clinical Governance reviews scope, patient-contact risk, supervision, emergency response and competency validation. Data Protection reviews records and platforms. Franchise Operations verifies the local entity and site authority.
- 4. The President/authorized approver signs the Program Authorization Checklist only after all mandatory approvals and gaps are closed. Approval has a version, jurisdiction, sites, delivery modes and expiration/review date.

Records and objective evidence

- Signed program authorization
- Regulatory matrix
- Approved curriculum
- Marketing claim sheet
- Clinical/site agreements
- Annual renewal record

Monitoring and corrective action

Control target	100% of active programs have current authorization; zero enrollment before approval.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.2 Credentialing, Background and Safeguarding Checks

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-2	Credentialing, Background and Safeguarding Checks	Human Resources & Compliance	Pre-hire/pre-placement; before unsupervised access; on renewal or trigger
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Verify identity, education, current license/certificate directly from the issuing authority where practicable, work history, references and sanctions/exclusion status relevant to the role.
- 2. Obtain only lawful, proportionate background and safeguarding checks. Provide privacy notice, obtain required authorization, restrict access and document the decision without unnecessary disclosure of raw reports.
- 3. A discrepancy, lapsed credential, adverse finding, falsification or incomplete check triggers a hold on assignment. Compliance and HR conduct individualized review under applicable law and document disposition.
- 4. Agency, temporary, adjunct and franchise personnel are subject to equivalent verification before access to learners, clients, records or controlled systems.

Records and objective evidence

- Credential checklist
- Primary-source verification
- Background authorization/result
- Adjudication note
- Renewal alert
- Restricted-access log

Monitoring and corrective action

Control target	100% cleared before assignment; 100% current licenses; overdue renewals <2%.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.3 Faculty, Preceptor and Assessor Qualification

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-3	Faculty, Preceptor and Assessor Qualification	Academic & Clinical Governance	Before teaching/assessment; annually; on scope change
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Define minimum education, license, industry recency, trainer methodology, specialty competency and assessor independence for each module and role.
- 2. Verify credentials and map each person to authorized subjects, procedures, learner levels and sites. A license or certificate does not by itself establish teaching competence.
- 3. Orient faculty to the curriculum, grading, remediation, rights, privacy, incident reporting, conflict of interest and franchise controls before access.
- 4. Observe instructional and assessment performance at least annually using a documented rubric; restrict or remediate when standards are not met.

Records and objective evidence

- Faculty qualification matrix
- Credential verification
- Orientation record
- Observation rubric
- Development/remediation plan

Monitoring and corrective action

Control target	100% faculty mapped and current; annual observation completion ≥95%.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.4 Clinical Affiliation, Simulation and Learner Contact

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-4	Clinical Affiliation, Simulation and Learner Contact	Clinical Governance Lead	Before each cohort/site/placement
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Use a written affiliation agreement identifying parties, learners, permitted activities, supervision, consent, privacy, records, incidents, insurance, emergency response and termination.
- 2. Complete a site risk and readiness review; confirm client population, staffing, supervision capacity, infection controls, equipment, emergency contacts and complaint paths.
- 3. Learners may perform only skills taught and validated. The preceptor checks assignment against the competency record and may stop activity at any time.
- 4. Simulation is used when live performance is unsafe, unavailable or not authorized. Simulation performance is not represented as independent clinical authorization.

Records and objective evidence

- Affiliation agreement
- Site audit
- Learner clearance
- Assignment/roster
- Competency validation
- Consent and incident files

Monitoring and corrective action

Control target	Zero unapproved sites; 100% learner clearance; clinical supervision variances closed within 5 business days.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.5 Infection Prevention, Exposure Control and Environmental Safety

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-5	Infection Prevention, Exposure Control and Environmental Safety	Infection Prevention Lead	At all training/service encounters; annual review and after exposure
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Apply Standard Precautions based on task risk: hand hygiene, appropriate PPE, respiratory hygiene, safe sharps and injection practices where authorized, environmental cleaning, safe handling of linen/waste and reprocessing of reusable equipment.
- 2. Maintain an exposure-control plan, accessible supplies, vaccination/medical-evaluation arrangements as required, spill response and a confidential post-exposure pathway.
- 3. Trainees and personnel immediately stop the task, wash/flush as appropriate, notify the supervisor and obtain urgent clinical evaluation after an exposure. The incident is documented without placing sensitive medical details in the general incident record.
- 4. Audit hand hygiene, PPE, cleaning logs and supplies at least monthly in active clinical skills areas and before reopening after a significant infection event.

Records and objective evidence

- Exposure-control plan
- Training/fit records as applicable
- Skills-area audit
- Cleaning log
- Exposure incident and follow-up
- Supply inspection

Monitoring and corrective action

Control target	Hand-hygiene/PPE compliance ≥95%; exposure follow-up initiated same day.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.6 Medication Safety and Controlled Learning Activities

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-6	Medication Safety and Controlled Learning Activities	Clinical Governance & Pharmacy Adviser	Before any medication module or medication-related service
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Classify each activity as theory, simulation, assistance with self-administration, administration by a licensed professional, or prohibited. Publish the matrix in the curriculum and site plan.
- 2. Use current orders, identity confirmation, allergy review, medication rights/checks, secure storage, chain-of-custody and real-time documentation whenever medication is handled in an authorized setting.
- 3. A discrepancy, refusal, omitted dose, adverse response, wrong medication or unclear order triggers an immediate hold, client safety assessment by an authorized clinician, required notification and incident review.
- 4. No instructor or franchise may expand a learner’s scope by local custom, consent, staffing shortage or completion of an IHIT certificate.

Records and objective evidence

- Medication activity matrix
- Simulation checklist
- Storage/access log
- MAR or learning record
- Error/variance report
- Competency renewal

Monitoring and corrective action

Control target	Zero unauthorized medication activity; 100% discrepancies escalated immediately.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.7 Documentation, Corrections and Record Integrity

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-7	Documentation, Corrections and Record Integrity	Records & Quality Manager	At each encounter; close of shift/session; audit monthly
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Document contemporaneously, factually and in the approved record. Entries identify the person, date/time, activity, observations, action, communication and authentication.
- 2. Late entries and corrections preserve the original, state the reason, date/time and author. Backdating, shared credentials, erased entries and undocumented copy-forward are prohibited.
- 3. Use approved abbreviations and minimum-necessary information. Escalate missing records, suspected falsification, privacy events and unresolved discrepancies immediately.
- 4. Retention and destruction follow the approved Records Retention Schedule derived from current Philippine law, regulator/program rules, contracts and limitation periods; this binder does not invent a universal period.

Records and objective evidence

- Approved forms/system access
- Audit trail
- Correction/late-entry record
- Documentation audit
- Retention/disposition authorization

Monitoring and corrective action

Control target	Timely completion ≥95%; critical omissions corrected within 1 business day; zero backdating.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.8 Client, Learner and Family Rights; Consent and Grievance

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-8	Client, Learner and Family Rights; Consent and Grievance	Student Affairs / Client Rights Officer	At admission/onboarding; before contact; on rights change
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Provide understandable notice of services/program, fees, credential status, risks, supervision, privacy, nondiscrimination, accommodations, complaint/appeal and emergency contacts.
- 2. Obtain voluntary, specific consent for clinical participation, photography/recording, data uses beyond core administration and learner involvement. Refusal does not result in retaliation.
- 3. Respect dignity, culture, privacy, communication needs, personal representatives and the right to stop or refuse a learner-performed activity.
- 4. Acknowledge grievances promptly, protect against retaliation, assign an independent reviewer, document findings/actions and provide appeal/escalation information.

Records and objective evidence

- Rights acknowledgment
- Consent forms
- Accommodation plan
- Complaint log/file
- Appeal decision
- Non-retaliation monitoring

Monitoring and corrective action

Control target	100% rights notice; complaints acknowledged within 2 business days; trend review quarterly.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.9 Privacy, Cybersecurity and Data Breach Response

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-9	Privacy, Cybersecurity and Data Breach Response	Data Protection Officer	Before collection/system access; continuous; incident-driven
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Maintain a data inventory and lawful basis/purpose for student, personnel and client data. Collect the minimum needed, provide privacy notice, control access by role and use approved storage and transfer methods.
- 2. Protect credentials, devices, backups and sensitive records; prohibit personal cloud storage, unauthorized messaging and local downloads unless approved and secured.
- 3. Report suspected loss, misdirection, phishing, unauthorized access or disclosure immediately. Preserve evidence, contain access, assess impact, notify the Data Protection Officer and follow applicable National Privacy Commission and contractual requirements.
- 4. Vendors and franchisees execute appropriate data-processing and confidentiality terms, undergo due diligence and return/delete data at termination subject to retention duties.

Records and objective evidence

- Data inventory
- Privacy notice/consent
- Access review
- Vendor agreement
- Incident assessment
- Breach notification decision
- Disposal record

Monitoring and corrective action

Control target	Quarterly access review 100%; suspected incidents reported within 1 hour internally.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.10 Incident, Abuse, Neglect and Mandatory Reporting

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-10	Incident, Abuse, Neglect and Mandatory Reporting	Safeguarding & Compliance Officer	Immediate upon observation, allegation or reasonable concern
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Protect the person first: stop unsafe activity, summon emergency/clinical help, separate alleged perpetrator when appropriate and preserve evidence without conducting an unauthorized interrogation.
- 2. Notify the supervisor and Safeguarding/Compliance immediately. The responsible official determines external reporting, time limits and authorities under current Philippine law and site contracts.
- 3. Use objective facts, direct statements and known times. Do not promise confidentiality, retaliate, coach witnesses or alter records.
- 4. Conduct a fair, need-to-know review; apply interim restrictions; identify root/system causes; complete corrective action; and communicate outcomes to authorized parties.

Records and objective evidence

- Incident report
- Immediate-action checklist
- External-report decision
- Investigation file
- CAPA
- Disclosure/communication log

Monitoring and corrective action

Control target	Immediate safety action 100%; internal notification within 1 hour; CAPA closure per risk tier.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.11 Emergency Preparedness, Business Continuity and Stop-Work

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-11	Emergency Preparedness, Business Continuity and Stop-Work	Safety & Continuity Lead	Always; drills at least semiannually and by site risk
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Maintain site-specific emergency plans for medical emergency, fire, earthquake/typhoon, outbreak, security threat, missing person, power/IT interruption, transport breakdown and clinical-site evacuation.
- 2. Post roles, contacts, assembly/evacuation routes, client/learner accountability and continuity priorities. Accommodate persons with disabilities and communication needs.
- 3. Any person may stop work or training for an imminent safety, scope, supervision, equipment or consent concern without retaliation. Resume only after an authorized person documents safe conditions.
- 4. After each drill or event, complete an after-action review, assign corrective actions and verify closure.

Records and objective evidence

- Emergency plan
- Contact/roster
- Drill record
- Stop-work record
- After-action review
- Continuity test

Monitoring and corrective action

Control target	Drills completed to plan; accountability within target; critical CAPA before restart.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.12 Marketing, Credential Claims and Franchise Communications

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-12	Marketing, Credential Claims and Franchise Communications	Compliance & Brand Owner	Before release and on any program/status change
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Every program page, brochure, contract and certificate states the credential issuer, approval/registration status, jurisdiction, prerequisites, scope limitations and whether the course leads to a government credential.
- 2. Prohibit guarantees of licensure, registry placement, immigration, employment, salary, credit transfer, regulator approval or equivalency unless supported by a current written agreement or authority.
- 3. Use approved names and claim language from the Claims Matrix. Terms CNA, LPN, medication aide, specialist, HHA, NCS and NEMT require the documented qualifier specified for the market.
- 4. Franchisees submit local marketing for pre-clearance and immediately remove claims when approval, site, partner or regulation changes.

Records and objective evidence

- Approved claims matrix
- Marketing review log
- Regulator/partner evidence
- Versioned artwork
- Website/social audit
- Withdrawal/correction record

Monitoring and corrective action

Control target	100% pre-clearance; critical misleading claim removed within 4 hours of notice.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.13 Franchise Governance and Local Compliance Addendum

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-13	Franchise Governance and Local Compliance Addendum	Franchise Compliance Director	Pre-opening; annual renewal; change of ownership/site/program
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. The franchisor owns core standards, controlled templates, source register and audit methodology. The franchisee owns local permits, staffing, implementation, evidence and timely regulatory notifications.
- 2. Each franchise maintains a Local Compliance Addendum listing the legal entity, authorized sites/programs, local regulators, responsible officers, emergency contacts, vendors and deviations from the core manual.
- 3. Core controls may be strengthened locally. A deviation that weakens a control requires written risk assessment and approval; legal conflict is escalated and controlling local law prevails.
- 4. Opening and renewal require document review, facility readiness, staff training, mock audit and closure of critical findings. Suspension may occur for scope, safety, privacy or misleading-claim risks.

Records and objective evidence

- Franchise addendum
- Permit/program register
- Opening checklist
- Training roster
- Audit/CAPA
- Deviation approval
- Renewal sign-off

Monitoring and corrective action

Control target	100% annual addenda; no opening with critical gap; franchise score ≥85% and no critical fail.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.14 Quality Assurance, Internal Audit and CAPA

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-14	Quality Assurance, Internal Audit and CAPA	Quality Council	Monthly dashboard; quarterly review; annual full-system audit
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Collect defined indicators for authorization, credential currency, attendance, assessment, clinical readiness, incidents, complaints, infection control, documentation, privacy, faculty quality, learner outcomes and franchise compliance.
- 2. Use risk-based audits with sampling rules, objective evidence and control ratings: conforming, observation, minor, major or critical. Auditors are independent of the work where practicable.
- 3. For each finding, contain immediate risk, analyze root cause, define corrective and preventive actions, assign an owner/due date and verify effectiveness before closure.
- 4. The Quality Council reviews trends, repeat findings, emerging regulation and program outcomes; recommends suspension or resource changes; and records decisions in minutes.

Records and objective evidence

- Quality dashboard
- Audit plan/tool
- Evidence sample
- Finding/CAPA log
- Effectiveness check
- Quality Council minutes

Monitoring and corrective action

Control target	Critical containment same day; on-time CAPA ≥90%; repeat major findings <5%.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.15 Discipline, Remediation and Non-Retaliation

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-15	Discipline, Remediation and Non-Retaliation	HR / Academic Affairs / Compliance	On policy breach, performance gap or misconduct concern
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Use fair, documented and proportionate action. Separate competency remediation, academic integrity, employee discipline, credential restriction and reportable professional conduct.
- 2. Immediate interim restriction is permitted for credible safety, abuse, fraud, privacy or scope risk while facts are reviewed. Preserve due process and confidentiality.
- 3. Corrective options include coaching, retraining, reassessment, closer supervision, written warning, suspension, removal from placement, dismissal/termination, referral to an authority and franchise remedies.
- 4. Retaliation against a person who reports a concern, refuses unsafe work or participates in review is prohibited and independently investigated.

Records and objective evidence

- Concern intake
- Interim restriction
- Evidence and interview record
- Decision/notice
- Remediation/reassessment
- External report
- Appeal

Monitoring and corrective action

Control target	Consistent sanction review; 100% safety restrictions tracked; retaliation allegations separately reviewed.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

12.16 Regulatory Change, Document Control and Annual Review

Policy ID	Title	Owner	Applicability / Trigger
IHIT-OPS-12-16	Regulatory Change, Document Control and Annual Review	Compliance Officer / Document Controller	Monthly horizon scan; annual review; immediate material-change response
Version / Status	Effective / Review	Jurisdiction	Approval
1.0 / Board Review Draft	Upon Board Approval / Annual	Philippines; Nevada benchmark where cited	Board / Authorized Executive

Policy

IHIT and each franchise shall implement this control consistently across education, clinical placement and any authorized service operation. Philippine requirements control; Nevada and North American provisions are adopted only where compatible, contractually required or explicitly identified as benchmarks.

Procedure

- 1. Maintain the source register with official URLs, access date, citation, status and owner. Monitor Nevada and Philippine authorities relevant to active programs and services.
- 2. Assess each change for applicability, effective/transition date, affected programs, policies, forms, systems, training, contracts and marketing. Record adopted, modified, superseded, not applicable, gap or pending validation.
- 3. Issue controlled revisions with approvals, effective date, distribution and training. Archive superseded copies read-only and remove uncontrolled point-of-use versions.
- 4. Conduct an annual management review even when no changes are identified; reapprove the binder or issue a revision and record the rationale.

Records and objective evidence

- Source register
- Regulatory change log
- Impact assessment
- Revision history
- Distribution/attestation
- Annual review sign-off

Monitoring and corrective action

Control target	Monthly scan complete; critical changes assessed within 5 business days; annual review 100%.

Failure handling

A critical safety, unlicensed-practice, credential, abuse, privacy, approval or deceptive-claim failure requires immediate containment and escalation to the responsible executive. Other failures receive risk-rated correction and CAPA. Repeated or overdue findings escalate to the Quality Council and may suspend the program, site, person or franchise until effectiveness is verified.

13. Compliance, Auditing and Reporting Forms

These forms are controlled templates. Electronic equivalents must preserve the required fields, authentication, audit trail, access controls and retention category. Form owners may add fields through document control; deleting a required control requires approval.

F-01 Program Authorization & Launch Checklist

Form ID	Version	Use	Retention / control
F-01	1.0	Program Authorization & Launch Checklist	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Program identity	Title; code; credential issuer; jurisdiction; target learner; delivery mode; sites _____ _____
Authority	☐ CHED ☐ TESDA ☐ PRC/CPD ☐ Employer orientation ☐ Institution-only ☐ Destination readiness _____ _____
Evidence	Approval/registration no.; issuing office; issue/expiry; official verification date/URL _____ _____
Scope & risk	Clinical contact; medication; invasive skills; minors/vulnerable persons; transport; data systems _____ _____
Readiness	☐ Curriculum ☐ Faculty ☐ Facilities ☐ Equipment ☐ Site agreement ☐ Insurance ☐ Privacy ☐ Emergency _____ _____
Claims	Approved exact credential/outcome wording; prohibited claims; required learner disclosure _____ _____
Decision	☐ Approved ☐ Approved with controls ☐ Pending validation ☐ Rejected/Hold _____ _____
Approval	Academic: _____ Clinical: _____ Compliance: _____ Executive: _____ Date: _____ _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-02 Personnel Credential, Background & Safeguarding Checklist

Form ID	Version	Use	Retention / control
F-02	1.0	Personnel Credential, Background & Safeguarding Checklist	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Identity	Government ID type/no. (masked); name match; address/contact; authorization/notice
Credential	Issuer; credential no.; scope/specialty; status; issue/expiry; primary-source URL/date
Education/experience	Degree/qualification; institution; graduation; employment/references verified
Checks	Applicable criminal/NBI/police; child/vulnerable-person; sanctions/exclusions; driving/vehicle if relevant
Health/safety	Required clearance; vaccinations/fitness as applicable; confidentiality of medical details maintained
Decision	☐ Cleared ☐ Restricted ☐ Pending ☐ Not cleared; rationale/adjudicator/date
Renewal	Next verification dates; alert owner; changes self-report acknowledgment

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-03 Learner Clinical Readiness & Assignment Record

Form ID	Version	Use	Retention / control
F-03	1.0	Learner Clinical Readiness & Assignment Record	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Learner/cohort	Name/ID; program; site; placement dates; supervisor/preceptor _____ _____
Prerequisites	☐ Identity ☐ Health/site clearance ☐ Rights/privacy ☐ Infection control ☐ Emergency ☐ Background if required _____ _____
Competencies	List validated skills and dates; attach checklists; restrictions/remediation _____ _____
Assignment	Client population; authorized tasks; supervision level; prohibited tasks; escalation contacts _____ _____
Consent	Site and client/representative consent pathway confirmed; learner identification displayed _____ _____
Release	Faculty: _____ Site: _____ Learner acknowledgment: _____ Date/time: _____ _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-04 Role Competency Validation Record

Form ID	Version	Use	Retention / control
F-04	1.0	Role Competency Validation Record	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Role/skill	Role section; specific task; equipment/version; environment _____ _____
Method	☐ Written ☐ Oral ☐ Simulation ☐ Return demonstration ☐ Supervised clinical observation _____ _____
Criteria	Preparation; rights/consent; infection/safety; correct sequence; documentation; escalation _____ _____
Outcome	☐ Competent ☐ Needs practice ☐ Restricted ☐ Not evaluated; score/observations _____ _____
Remediation	Required learning; practice count; reassessment date; interim restriction _____ _____
Signatures	Learner/staff; qualified evaluator; supervisor; date; next renewal _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-05 Infection Prevention & Skills-Lab Audit

Form ID	Version	Use	Retention / control
F-05	1.0	Infection Prevention & Skills-Lab Audit	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Environment	☐ Sinks/ABHR ☐ PPE ☐ waste/sharps ☐ ventilation ☐ clean/dirty zones ☐ exposure kit _____ _____
Observed practice	Hand hygiene; PPE selection/doffing; cleaning; reusable equipment; respiratory hygiene _____ _____
Records	Cleaning log; lot/expiry where relevant; exposure plan; training; incident follow-up _____ _____
Findings	Critical/major/minor/observation; evidence; immediate containment _____ _____
CAPA	Owner; due date; effectiveness check; closure approval _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-06 Client / Learner Rights and Consent Acknowledgment

Form ID	Version	Use	Retention / control
F-06	1.0	Client / Learner Rights and Consent Acknowledgment	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Notice provided	Program/service; fees; credential status; supervision; risks; privacy; complaints/appeals; emergency _____ _____
Choices	☐ Consent to learner participation ☐ Decline ☐ Consent to photo/recording for stated purpose ☐ Decline _____ _____
Rights	Dignity; nondiscrimination; accessibility; refusal; representative; confidentiality; no retaliation _____ _____
Understanding	Questions answered; interpreter/accessibility support; copy provided _____ _____
Signatures	Individual/representative; staff witness; date/time; consent scope/expiry/withdrawal _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-07 Training Attendance, Make-Up and Attestation Log

Form ID	Version	Use	Retention / control
F-07	1.0	Training Attendance, Make-Up and Attestation Log	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Session	Program/module; trainer; modality; location; planned hours; date/time _____ _____
Roster	Learner ID/name; in/out times; signature/authentication; hours credited _____ _____
Variance	Late/absent/technology interruption; make-up plan; completion evidence _____ _____
Attestation	Learner confirms participation, identity, conduct, assessment integrity and policy receipt _____ _____
Verification	Trainer and program coordinator certification; reconciliation date _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-08 Clinical / Home Visit Service Log

Form ID	Version	Use	Retention / control
F-08	1.0	Clinical / Home Visit Service Log	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Encounter	Client ID; date; arrival/departure; location; assigned plan/task; supervisor _____ _____
Services	Authorized assistance provided; observations; client response; teaching by authorized person _____ _____
Communication	Change/concern; person notified; date/time; instruction received; follow-up _____ _____
Continuity	Missed/late visit; replacement/escalation; handoff; next scheduled service _____ _____
Authentication	Worker/learner; supervisor review; client/representative verification as appropriate _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-09 Documentation Quality Audit Tool

Form ID	Version	Use	Retention / control
F-09	1.0	Documentation Quality Audit Tool	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Sample	Program/service; date range; record type; sample size/method; auditor _____ _____
Tests	Timely; complete; factual; plan match; authentication; correction method; escalation; privacy/minimum necessary _____ _____
Scoring	Compliant / partial / noncompliant / not applicable by item; critical omission flag _____ _____
Action	Immediate correction; education; system change; owner/due date _____ _____
Verification	Repeat sample/date; effectiveness; closure _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-10 Medication Safety Observation & Variance Form

Form ID	Version	Use	Retention / control
F-10	1.0	Medication Safety Observation & Variance Form	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Context	☐ Theory ☐ Simulation ☐ Self-administration assistance ☐ Licensed administration; order/source _____ _____
Checks	Identity; allergies; medication/right dose/time/route; three checks; refusal; documentation; storage _____ _____
Variance	Wrong/omitted/delayed/refused/damaged/unclear order/adverse response/other; objective facts _____ _____
Immediate action	Stop/secure; authorized clinical assessment; prescriber/pharmacy/supervisor notification; emergency action _____ _____
Review	Scope/authorization; contributing factors; disclosure/report decision; CAPA _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-11 Incident, Injury, Abuse or Privacy Event Report

Form ID	Version	Use	Retention / control
F-11	1.0	Incident, Injury, Abuse or Privacy Event Report	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Event	Date/time/location; person(s); type; reporter/contact; discovery vs occurrence
Facts	Objective chronology; direct statements in quotation marks; witnesses; equipment/records preserved
Immediate safety	Care/emergency response; separation/restriction; family/representative; data containment
Notifications	Supervisor; clinical lead; safeguarding; DPO; authority/partner; date/time and decision owner
Follow-up	Investigation lead; risk level; CAPA; communication; closure/effectiveness

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-12 Complaint, Grievance and Appeal Form / Log

Form ID	Version	Use	Retention / control
F-12	1.0	Complaint, Grievance and Appeal Form / Log	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Complainant	Name/contact or anonymous; relationship; accessibility/interpreter needs; confidentiality request _____ _____
Concern	Program/service; date(s); people involved; requested resolution; supporting records _____ _____
Triage	Safety/safeguarding/privacy/academic/financial/franchise; immediate action; owner _____ _____
Response	Acknowledgment date; review steps; findings; outcome; communication date _____ _____
Appeal/non-retaliation	Appeal deadline/path; appeal reviewer/outcome; retaliation check _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-13 Corrective and Preventive Action (CAPA) Record

Form ID	Version	Use	Retention / control
F-13	1.0	Corrective and Preventive Action (CAPA) Record	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Source	Audit/incident/complaint/regulatory change/KPI/other; finding ID and risk rating _____ _____
Containment	Immediate action; responsible person; completion evidence/date _____ _____
Root cause	Method and causal factors—people/process/equipment/environment/governance _____ _____
Action plan	Correction; preventive/system action; owner; due date; required resources _____ _____
Effectiveness	Measure/sample; review date; result; repeat finding; closure/reopen decision _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-14 Policy Training and Staff Attestation

Form ID	Version	Use	Retention / control
F-14	1.0	Policy Training and Staff Attestation	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Policy	ID/title/version/effective date; affected role/site/franchise _____ _____
Delivery	Trainer; method; date; knowledge/skill assessment _____ _____
Attestation	I received, understood and agree to follow the policy; I know escalation and stop-work routes. _____ _____
Exceptions	Questions; accommodation; remediation; unresolved conflict _____ _____
Signatures	Staff/learner; trainer; supervisor; completion/renewal date _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-15 Franchise Compliance Scorecard & Opening/Renewal Sign-Off

Form ID	Version	Use	Retention / control
F-15	1.0	Franchise Compliance Scorecard & Opening/Renewal Sign-Off	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Entity/site	Legal entity; DBA; address; franchise owner; compliance lead; review type/date _____ _____
Domains	Governance 10%; permits/programs 20%; staffing 15%; clinical/safety 20%; privacy/records 10%; quality 15%; marketing 10% _____ _____
Critical fails	Unlicensed practice/service; unapproved program; expired essential permit; abuse/safety; material privacy breach; deceptive claim _____ _____
Findings	Evidence, score and risk by domain; immediate restrictions _____ _____
Decision	☐ Open/Renew ☐ Conditional ☐ Hold ☐ Suspend; CAPA due; franchisor/franchisee signatures _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-16 Emergency Drill / Stop-Work / After-Action Record

Form ID	Version	Use	Retention / control
F-16	1.0	Emergency Drill / Stop-Work / After-Action Record	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Scenario	Event; site; date/time; participants/observers; planned objective _____ _____
Performance	Detection; activation; communication; evacuation/shelter; accountability; first aid; continuity _____ _____
Stop-work	Trigger; person initiating; activities stopped; risk control; restart authority/time _____ _____
Lessons	What worked; gaps; equipment/contact changes; accessibility issues _____ _____
CAPA	Actions/owners/due dates; retest; closure _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-17 Record Retention, Legal Hold and Disposition Authorization

Form ID	Version	Use	Retention / control
F-17	1.0	Record Retention, Legal Hold and Disposition Authorization	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Record series	Owner/system; jurisdiction/program; date range; volume/format; sensitivity _____ _____
Authority	Approved schedule citation; retention trigger/period; contract/litigation/accreditation factors _____ _____
Legal hold	☐ None ☐ Active—owner/scope/date; destruction suspended _____ _____
Disposition	Secure destruction/transfer/archive method; vendor/certificate; date _____ _____
Approval	Record owner; DPO; Legal/Compliance; IT/archives; witness _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-18 Regulatory Change and Policy Renewal Log

Form ID	Version	Use	Retention / control
F-18	1.0	Regulatory Change and Policy Renewal Log	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Source/change	Official source URL; citation; issue/effective date; accessed date; summary _____ _____
Applicability	Program/service/site/role; adopted/modified/superseded/not applicable/gap/pending validation _____ _____
Impact	Policies/forms/systems/contracts/training/marketing; transition dates _____ _____
Action	Owner; due date; approval; distribution/training; evidence _____ _____
Review	Effectiveness/closure; next scan; reviewer _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-19 Vehicle, Passenger Securement and Trip Safety Checklist

Form ID	Version	Use	Retention / control
F-19	1.0	Vehicle, Passenger Securement and Trip Safety Checklist	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Pre-trip	Driver authority; vehicle registration/insurance; brakes/lights/tires; fuel; first aid; extinguisher; communication _____ _____
Passenger	Identity; authorization/consent; mobility needs; escort; behavior/clinical risks within capability; destination contact _____ _____
Securement	Wheelchair/mobility device; belt/occupant restraint; equipment/stowage; privacy _____ _____
Trip/handoff	Depart/arrive times; route; delays; receiving person; minimum-necessary information _____ _____
Variance	Breakdown/refusal/illness/incident; emergency activation; supervisor notification; follow-up _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

F-20 Annual Management Review and Board Reapproval

Form ID	Version	Use	Retention / control
F-20	1.0	Annual Management Review and Board Reapproval	Per approved Records Retention Schedule; restricted as applicable

Field / control	Required entry
Inputs	Regulatory changes; KPI dashboard; audits/CAPA; incidents/complaints; outcomes; faculty; franchise status; resources _____ _____
Role reviews	CNA; LPN; wound; medication; HHA; home care; newborn; NMT/NEMT—status and decisions _____ _____
Decisions	Continue/revise/suspend/retire programs; risk acceptance; resources; authority/partner actions _____ _____
Binder	Version; revision summary; effective/review dates; distribution/training _____ _____
Approvals	Board chair; executive; academic/clinical; compliance/DPO; date _____ _____

Attachments / evidence IDs: _____

Reviewer signature: _____ Date/time: _____ Status: ☐ Open ☐ Complete ☐ Escalated

A-01 Role Competency and Scope Matrix

Role	PH pathway / status	Client contact	Medication	Independent clinical judgment	Renewal evidence
CNA / Nursing Assistant	TESDA HCS NC II mapping; CNA is destination descriptor	Within approved learner/worker role	No independent administration	No	Competency, program and claimed credential
LPN Readiness	No PH LPN route confirmed; written CHED/PRC validation required	Only lawful student/licensed role	By licensed scope only	Not as unlicensed learner	Program authority, faculty/learner credentials
Wound Care	Licensed-clinician vs awareness tracks	By track and site	Only by licensed scope	Licensed scope only	Procedure-specific annual competency
Medication Safety	Institutional education; no license conferred	Simulation or authorized setting	Only as lawfully authorized	No	Simulation/live authorization and competency
HHA	TESDA/current route + employer/service authorization	Per plan and supervision	Assistance only when lawful	No	Task/site/service-plan competency
Home Care Aide	TESDA caregiving/non-medical service	ADL/IADL support	No independent administration	No	Task and client-equipment changes
Newborn Care	TESDA newborn-to-preschool route when national qualification	Routine non-medical care	No independent administration	No	Safeguarding, first aid and role skills
NMT/NEMT	Transport authority pending by service model	Transport assistance	No	No	Driver, vehicle, securement, emergency

A-02 Nevada-to-Philippines Localization Crosswalk

Nevada / North American control	Localization status	Philippine implementation
State-approved CNA training + exam + registry	Modified	Use TESDA/CHED-authorized Philippine route; teach Nevada requirements only as destination readiness; no registry claim.
75-hour nurse aide minimum and pre-contact topics	Adopted as benchmark	Current Philippine approved curriculum controls duration; retain pre-contact safety gate and documented crosswalk.
Nevada CNA/MAC protected titles and certificate verification	Adopted principle	Use truthful credential-issuer/jurisdiction disclosure and primary-source verification; no implied reciprocity.
Nevada medication aide designated facility, RN/APRN supervision and prohibitions	Modified / stricter hold	No live unlicensed medication activity absent written Philippine authority, order, site policy and qualified supervision.
Nevada LPN scope	Not applicable as legal authority; educational benchmark	Use only in authorized destination-readiness curriculum; Philippine nursing law controls local practice.
Home health/personal care service plan and supervision	Adopted / modified	Use written plan, competency, oversight and documentation; confirm Philippine service licensing and employer authority.
Nevada patient rights	Adopted principle	Implement consent, dignity, refusal, privacy, complaint and non-retaliation under Philippine law and partner-site rules.
Nevada five-year background cycle for covered facilities	Not imported	Use lawful Philippine and site-specific checks and risk-based renewal; do not claim Nevada compliance in PH.
US OSHA/CDC infection controls	Adopted benchmark	Integrate with Philippine DOLE/DOH requirements and site exposure-control plans.
Nevada NEMT carrier/Medicaid controls	Gap / pending validation	Use as quality benchmark only; validate Philippine transport/service authority before launch.

A-03 Credential and Marketing Claims Matrix

Proposed claim	Status	Approved board-safe wording
Nevada-approved CNA program	Prohibited unless NSBN approval is issued to the specific program/site	“Curriculum includes a Nevada CNA-readiness crosswalk; Nevada approval, examination and certification are separate.”
Philippine CNA license	Prohibited	“Health Care Services / nursing-assistant skills training under the identified Philippine program route.”
Philippine LPN program/license	Pending validation; otherwise prohibited	“Practical Nursing Foundations / International LPN Readiness; does not confer Philippine or Nevada licensure.”
Certified Wound Care Specialist	Restricted	State credential issuer, eligibility and professional-scope qualifier; otherwise “Wound Care Education Certificate.”
Certified Medication Technician	Restricted	“Medication Safety and Assistance Certificate; no independent medication authority.”
Home Health Aide certification	Restricted	Identify TESDA qualification or institution-only certificate and jurisdiction; do not imply US HHA certification.
Newborn Care Specialist license	Prohibited	“Newborn Care Specialist institutional certificate / TESDA qualification where registered; non-medical role.”
NEMT license	Prohibited unless issued	“NMT/NEMT Operator Safety Training; operating authority, driver and vehicle approvals are separate.”
Guaranteed licensure/employment/immigration	Prohibited	“Eligibility and outcomes depend on the relevant authority, employer and individual requirements.”

A-04 Requirements Matrix

ID	Applicability	Authority	Requirement	Mapping	Evidence	Status
R-001	All programs	Philippines / CHED-TESDA-PRC	Classify the program and obtain written authority before marketing or enrollment.	12.1; F-01	Program authorization file	Mandatory
R-002	Degree nursing	Philippines / CHED & PRC	Use authorized BSN standards and licensed nursing faculty/clinical controls.	5; 12.3–12.4	CHED authority; faculty and affiliation files	Mandatory
R-003	TVET programs	Philippines / TESDA	Register and deliver the current Training Regulation; use authorized assessment/certification routes.	4, 8–10; 12.1	UTPRAS/program registration; TR crosswalk	Mandatory
R-004	CNA benchmark	Nevada / NSBN	Approved Nevada NATP, 75-hour minimum, competency examination and certificate/registry are separate state requirements.	4; A-02	Crosswalk and learner disclosure	Benchmark
R-005	Medication aide benchmark	Nevada / NSBN	Nevada MAC prerequisites, 100-hour approved course, examination, designated facility and RN/APRN supervision.	7; A-02	Crosswalk and claim control	Benchmark
R-006	LPN pathway	Philippines	Do not claim a Philippine LPN license pathway without written CHED/PRC authority.	5; 12.12	Written determination; approved claims	Pending validation
R-007	Wound care	Philippines / PRC & facility	Training does not expand professional scope; separate licensed and awareness tracks.	6	License/scope and track records	Mandatory
R-008	Home care	Philippines / TESDA & service regulators	Distinguish non-medical caregiving, home health and regulated clinical service.	8–9; 12.1	Service model and authorization	Mandatory
R-009	Newborn care	Philippines / TESDA	Use the current newborn-to-preschool caregiving route when claiming national qualification; no neonatal nursing claim.	10; 12.12	Registration and claims review	Mandatory
R-010	NMT/NEMT	Philippines / DOTr-LTO-LTFRB & others	Validate driver, vehicle, insurance and service authority before operation; no ambulance/EMS claim.	11; 12.1	Transport authorization file	Pending validation
R-011	Personnel	Philippines / applicable	Verify identity, credentials, background and safeguarding fitness before access or assignment.	12.2; F-02	Credential/background file	Mandatory
R-012	Clinical learners	Philippines / partner site	Clear learners, validate skills, obtain consent and provide required supervision before contact.	12.4; F-03	Clearance, competency and roster	Mandatory
R-013	Infection risk	Philippines / DOLE-DOH; CDC benchmark	Apply Standard Precautions, exposure response and documented environmental controls.	12.5; F-05	Audits, logs and exposure file	Mandatory + benchmark
R-014	Medication activity	Philippines / PRC-facility	Classify theory/simulation/assistance/administration and prohibit unauthorized routes or decisions.	7; 12.6; F-10	Activity matrix and competency	Mandatory
R-015	Records	Philippines / NPC and program regulators	Create accurate records, preserve corrections/audit trails, retain and dispose under an approved schedule.	12.7; F-17	Audit trail and disposal authorization	Mandatory
R-016	Rights/consent	Philippines; Nevada benchmark	Provide clear notice, consent, refusal, complaint, nondiscrimination and non-retaliation protections.	12.8; F-06/F-12	Acknowledgments and complaint file	Mandatory + benchmark
R-017	Privacy	Philippines / NPC	Use lawful purpose, minimum data, role access, approved systems and breach escalation.	12.9	Data inventory/access/breach records	Mandatory
R-018	Incidents	Philippines / applicable authorities	Protect, notify, report as required, investigate fairly and complete CAPA.	12.10; F-11/F-13	Incident, report decision and CAPA	Mandatory
R-019	Emergency	Philippines / DOLE-site	Maintain and test emergency, continuity and stop-work arrangements.	12.11; F-16	Plans, drills and after-action record	Mandatory
R-020	Marketing	Philippines / CHED-TESDA-PRC-DTI	Use truthful credential, approval, jurisdiction and outcome claims; prohibit guarantees.	12.12; A-03	Claim approval and audit	Mandatory
R-021	Franchise	Philippines / local authorities	Maintain a current Local Compliance Addendum and pre-opening/annual audit.	12.13; F-15	Addendum, permits and audit	Mandatory
R-022	Quality	All	Use risk-based audit, finding classification, root-cause CAPA and effectiveness verification.	12.14; F-13/F-15	Dashboard, audit and CAPA	Adopted benchmark
R-023	Discipline	All	Apply fair, proportionate action and protect reporters from retaliation.	12.15	Decision, remediation and appeal	Mandatory
R-024	Change control	All	Monitor official sources, assess changes and issue controlled revisions/training.	12.16; F-18	Source/change/revision logs	Mandatory

A-05 Official Source Register

ID	Jurisdiction / status	Source and citation	Official URL
NV-01	Nevada Mandatory in Nevada / benchmark in Philippines	NRS Chapter 632—Nursing NRS 632.016–.018; .285–.296; .315; .342–.343; .4725	Open official source
NV-02	Nevada Mandatory in Nevada / benchmark in Philippines	NAC Chapter 632—Nursing NAC 632.212–.253; .721–.875	Open official source
NV-03	Nevada Official regulator benchmark	Nevada State Board of Nursing—Nursing Assistant Training Programs NRS 632.2856; NAC 632.721–.805; current program guidance	Open official source
NV-04	Nevada Official registry/verification benchmark	Nevada State Board of Nursing—Forms and State Nurse Aide Registry resources CNA registry, applications and skills resources	Open official source
NV-05	Nevada Mandatory in covered Nevada facilities / benchmark	NRS Chapter 449—Medical Facilities NRS 449.123–.125 background investigations and records	Open official source
NV-06	Nevada Mandatory in covered Nevada entities / benchmark	NAC Chapter 449—Medical Facilities and Related Entities NAC 449.3961–.3987 personal care; 449.749–.774 home health	Open official source
NV-07	Nevada Mandatory in covered Nevada facilities / benchmark	NRS Chapter 449A—Care and Rights of Patients NRS 449A.100–.118	Open official source
NV-08	Nevada Transport benchmark	NRS Chapter 706—Motor Carriers Applicable carrier and public-transport provisions	Open official source
NV-09	Nevada Transport benchmark	NAC Chapter 706—Motor Carriers Applicable vehicle/operator provisions	Open official source
US-01	United States North American benchmark	42 CFR Part 483 Subpart D 42 CFR 483.151–.156—nurse aide training, competency and registry	Open official source
US-02	United States North American safety benchmark	OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030	Open official source
US-03	United States Clinical benchmark	CDC Core Infection Prevention and Control Practices Standard Precautions and program core practices	Open official source
PH-01	Philippines Controlling	Republic Act No. 7722—Higher Education Act of 1994 CHED authority over higher education	Open official source
PH-02	Philippines Controlling	CHED Memorandum Order No. 15, s. 2017 PSGs for the Bachelor of Science in Nursing	Open official source
PH-03	Philippines Controlling when applicable	CHED Memorandum Order No. 1, s. 2025 Micro-credential development, approval and recognition	Open official source
PH-04	Philippines Controlling when applicable	CHED Memorandum Order No. 12, s. 2025 Open Distance and e-Learning	Open official source
PH-05	Philippines Controlling	Republic Act No. 7796—TESDA Act of 1994 TVET standards, program accreditation and national certification	Open official source
PH-06	Philippines Controlling when qualification offered	TESDA Training Regulations repository Current Health Care Services, Caregiving and EMS qualifications	Open official source
PH-07	Philippines Controlling	Republic Act No. 9173—Philippine Nursing Act of 2002 Nursing education, registration and practice	Open official source
PH-08	Philippines Controlling	Republic Act No. 10173—Data Privacy Act of 2012 Lawful processing and protection of personal information	Open official source
PH-09	Philippines Controlling	National Privacy Commission Implementing rules, breach and compliance guidance	Open official source
PH-10	Philippines Controlling	Republic Act No. 11058—Occupational Safety and Health Employer duties, training, incident and safety program	Open official source
PH-11	Philippines Controlling when operating regulated health services	Department of Health licensing and regulatory system Facility/service-specific LTO and clinical-site requirements	Open official source

Access date for all listed sources: 31 August 2026. The Compliance Officer records later checks in F-18 and retains official evidence for any material change. “NARS” in this package refers to Nevada State Board of Nursing State Nurse Aide Registry resources; it is not treated as a separate body of law.

A-06 Evidence Index and Audit Sampling

Control family	Minimum evidence set	Default sampling / review
Program authority	F-01, approval/registration, curriculum, claims, sites	Every active program before launch and annually
People and competency	F-02–F-04, licenses, faculty matrix, assessments	10% quarterly or all files if fewer than 20; all high-risk roles
Clinical and rights	Agreements, F-03, F-06, F-08, supervision	Every site annually; at least 10 encounters quarterly
Safety and infection	F-05, exposure plan, drills, supplies	Monthly active-site audit; post-event review
Medication	Activity matrix, F-10, storage/access, competency	100% live medication variances; quarterly program sample
Records/privacy	F-09, access logs, incidents, F-17	Monthly documentation; quarterly access; annual retention
Incidents/complaints/CAPA	F-11–F-13	100% critical/major; quarterly trend
Franchise	Local addendum, permits, F-15, CAPA	Pre-opening and annual; risk-triggered follow-up
Governance/change	Minutes, dashboard, F-18/F-20, revision log	Quarterly Quality Council; annual Board review

Finding severity

- Critical—immediate threat, unlicensed/unauthorized practice, abuse, material privacy/security event, falsified approval/credential, or deceptive claim with serious impact. Contain immediately; executive notification same day.
- Major—systemic or substantial control failure likely to affect safety, rights, authorization or reliable outcomes. Correct promptly with formal CAPA and effectiveness review.
- Minor—isolated failure without immediate material impact but requiring correction and monitoring.
- Observation—improvement opportunity or emerging risk; owner decides action and records rationale.

A-07 Revision History and Controlled Distribution

Version	Issue/effective date	Description	Approver
1.0	Issue: 31 Aug 2026 / Effective: upon Board approval	Initial comprehensive binder; Philippines controlling framework with Nevada and North American benchmarks; eight role sections; operational policies; forms and franchise controls.	Pending Board signatures

Controlled distribution register

Copy / access	Holder / site	Format / repository	Issue date	Acknowledgment / withdrawal
1				
2				
3				
4				
5				
6				
7				
8				

Final publication gate

Before release, complete signatures/effective date; revalidate official sources and all Pending Validation items; reconcile existing policies; designate the controlled repository and retention schedule; load approved forms; train affected people; complete franchise addenda; and archive the signed master plus editable source.