

**SEVENTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Second Regular Session)**



'18 MAY 29 P 6 :24

SENATE

S. B. No. 1836

RECEIVED

INTRODUCED BY SENATOR JOSEPH VICTOR G. EJERCITO

**AN ACT
INSTITUTIONALIZING AN EMERGENCY MEDICAL SERVICES SYSTEM,
PROVIDING FOR THE ESTABLISHMENT, SUPERVISORIN AND REGULATION
OF EMERGENCY MEDICAL SERVICES PROFESSION, AND APPROPRIATING
FUNDS THEREFOR**

EXPLANATORY NOTE

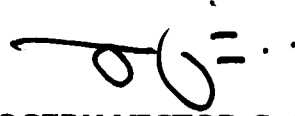
During times of emergencies, it is necessary to have a well-coordinated, fast and effective response mechanism to prevent the loss of lives and property. The Davao Central 911, which was launched in 2002, has been successful in providing free emergency assistance to the people of Davao and nearby areas. It is high time that the successful project shall be duplicated in a national scale to enable more people to benefit from the services.

This proposed legislation seeks to establish an Emergency Medical Services System that will provide the arrangement of personnel, facilities, equipment, and transportation for effective, coordinated, and timely delivery of health and safety services to victims of sudden illness or injury in the pre-hospital setting.

This bill also proposes the setting up of a dedicated dispatch center in local government units, to be fully integrated and connected to the National Command Center. The dispatch centers will link all Filipinos with the emergency resources of the government. When implemented in a nationwide level, the public will just have to dial

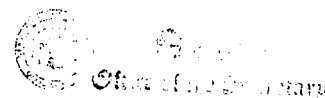
three numbers (911) and the responder will be able to attend to the emergency situation.

In view of the foregoing, the immediate enactment of this measure is sought.

A handwritten signature in black ink, consisting of a stylized 'J' followed by 'V', 'G', and 'E' with a flourish.

SENATOR JOSEPH VICTOR G. EJERCITO

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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

CHAPTER I

GENERAL PROVISIONS

SECTION 1. Short Title. – This Act shall be known as the "**Emergency Medical Services System (EMSS) Act of 2018**".

SECTION 2. Declaration of Policy. – It is hereby declared the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. Pursuant to this national policy, the government shall institutionalize a comprehensive, accessible and integrated system of emergency medical services.

SECTION 3. Objectives. – In support of State policy, this Act:

- a) Mandates the development and institutionalization of EMSS at the national and local levels;
- b) Creates a national EMSS Advisory Council;

- 1 c) Establishes the national standards for the provision of Emergency Medical
- 2 Services (EMS);
- 3 d) Ensures the provision of qualified EMS personnel;
- 4 e) Mandates the adoption and use of a National Universal Emergency Number;
- 5 and
- 6 f) Establishes support services to emergency medical services.

7 **SECTION 4. *Definition of Terms.*** – For purposes of this Act, the following
8 terms are hereby defined:

9 **a) Emergency Medical Services (EMS)** – A network of services coordinated
10 to provide aid and medical assistance from the scene to the most
11 appropriate and definitive health facilities, involving personnel trained in
12 stabilization, transportation, and treatment of trauma or medical cases in
13 the pre-hospital setting;

14 **b) Emergency Medical Services System (EMSS)** - A comprehensive
15 system which provides the arrangement of personnel, facilities, and
16 equipment for effective, coordinated, and timely delivery of health and
17 safety services to victims of sudden illness or injury in the pre-hospital
18 setting. The conceptual framework of the system revolves around five
19 components and core services of pre-hospital management namely:
20 Emergency Medical Dispatch, Emergency Response and Care, Emergency
21 Transport, Inter-agency referral and Transport, and Command and Control;

22 **c) Emergency Medical Dispatch** - Involves the immediate identification and
23 prioritization of emergency situations, the timely dispatch of appropriate
24 resources, providing essential pre-arrival medical instructions and full
25 endorsement to the receiving hospital. Dispatch encompasses all aspects of
26 communication including request processing, coordination and support,
27 documentation and monitoring;

- 1 **d) Emergency Response and Care** - Involves the arrival of resources at the
2 scene and the timely initiation and provision of appropriate interventions;
- 3 **e) Emergency Transport** - Involves transporting the patient to the most
4 appropriate and definitive health facility with continued provision of care
5 and appropriate interventions *en route*;
- 6 **f) Inter-Agency Referral and Transport** - Involves the transport of patient
7 with EMS personnel, if necessary, from one referring facility or agency to
8 another receiving facility or agency for definitive care, as the patient
9 requires, in an event that the services are not available in the referring
10 facility;
- 11 **g) Medical Oversight** – involves the multi-faceted supervision or medical
12 oversight by the EMS medical director in handling the processes of EMS
13 operations that may affect patient care directly through provision of orders
14 to an EMS personnel over the radio, by phone, or on-scene; or indirectly
15 through the development and promulgation of protocols, the education and
16 credentialing of EMS personnel, the conduction of quality improvement
17 activities, and the increased advocacy of appropriate EMS for the patients;
- 18 **h) Emergency Medical Service Personnel** – Unique health care personnel
19 involved in the practice of pre-hospital care which includes provision of
20 medical care, systematic coordination and transportation of patients with
21 medical direction. They may include Medical First Responder (MFR),
22 Ambulance Care Assistants (ACA), Emergency Medical Technicians (EMT),
23 Paramedics, Emergency Medical Dispatcher (EMD) and EMS Medical
24 Director;
- 25 **i) Emergency Medical Vehicles** - An ambulance or other vehicles for
26 emergency medical care which provides, a minimum, (a) a driver's
27 compartment; (b) a patient compartment to accommodate an emergency

1 medical technician (EMT) and a patient so positioned that said patient can
2 be given intensive life-support during transit; (c) equipment and supplies
3 for emergency care at the scene as well as during transport; (d) two-way
4 radio, telephone or electronic communication with the primary medical
5 services provider, and when necessary, equipment for light
6 rescue/extrication procedures. The emergency medical vehicle shall be so
7 designed and constructed to provide the patient with safety and comfort,
8 and avoid aggravation of the patient's injury or illness;

9 **j) Accredited Training Institution** - Training institution offering training
10 programs, courses and continuing education for EMS personnel that meet
11 the standards established by the EMS Advisory Committee in coordination
12 with physicians, Emergency Medical Technicians, nurses, and other health
13 care professionals, TESDA, and CHED, among others, and are duly
14 registered in good standing with the EMS Advisory Council; and

15 **k) Automated External Defibrillator (AEDs)** - portable device that checks
16 the heart rhythm and can send an electric shock to the heart to try to restore
17 a normal rhythm. AEDs are used to treat sudden cardiac arrest (SCA).

18 CHAPTER II

19 EMERGENCY MEDICAL SERVICES SYSTEM

20 **SECTION 5. *Emergency Dispatch.*** – This Act mandates Local Government
21 Units to create their Dispatch Centers with adequate and qualified personnel. The
22 Dispatch Centers shall follow the prescribed guidelines on dispatch protocol.

23 **SECTION 6. *Emergency Response and Care.*** – This Act ensures the
24 availability of emergency transport vehicle or ambulance with qualified EMS personnel.
25 Responders shall follow the prescribed guidelines on emergency response and care.

1 *A. Permanent Members:*

- 2 a) The Secretary of the DOH as Chairperson;
- 3 b) The Secretary of the Department of the Interior and Local Government
- 4 (DILG) as Co-Chair;
- 5 c) The Chair of the Professional Regulation Commission (PRC);
- 6 d) The Secretary of the Department of Justice (DOJ);
- 7 e) The Secretary of the Department of Education (DEPED);
- 8 f) The Secretary of the Department of Transport (DOT);
- 9 g) The Secretary of the Department of Information, Communication and
- 10 Technology (DICT);
- 11 h) The Secretary of the Office of Civil Defense (OCD);
- 12 i) The Commissioner of the Commission on Higher Education (CHED);
- 13 j) The Director General of Technical Education and Skills Development
- 14 Authority (TESDA); and
- 15 k) Chairman of the Philippine Red cross

16 *B. Members to be appointed by the Council of the DOH upon nomination by their*

17 *respective associations:*

- 18 a) Two (2) nominees of a national organization representing the EMT
- 19 profession duly registered with the Securities and Exchange Commission
- 20 (SEC) and recognized by the Council;
- 21 b) Four (4) nominees of HEMB, one (1) each from the National Capital Region,
- 22 Luzon, Visayas and Mindanao;
- 23 c) Two (2) registered emergency medical practitioners representing Philippine
- 24 College of Emergency Medicine (PCEM);
- 25 d) One (1) nominee from Philippine Heart association; and
- 26 e) One (1) nominee from a SEC registered association of Private Ambulance
- 27 care providers recognized by the EMSS Council

28 **SECTION 12. Term of Office.** - Each member of the EMSS Council shall not

29 serve for more than three (3) consecutive terms. A term shall be for a period of two

30 (2) years.

1 requirements needed to pay for the salaries and benefits of EMS personnel shall be
2 included in the annual general appropriations of the respective hospitals, agencies and
3 local government units.

4 **SECTION 17. *Authorized Training Institution.*** – Training programs,
5 course, and continuing education for Emergency Medical Technician may only be
6 conducted in an institution that has been granted a Certificate of Program Registration
7 (COPR) by TESDA, in the case of technical non-degree courses falling under TESDA
8 jurisdiction, or a Certificate of Accreditation as a Higher Education Institution (HEI) as
9 well as Program Accreditation by CHED, in the case of degree programs falling under
10 CHED jurisdiction. The requirements prescribed by the EMSS Council shall serve as
11 the minimum requirement for program registration. The DOH can provide training
12 programs for EMTs following the standards set by the EMSS Council.

13 **CHAPTER V**

14 **EQUIPMENTS AND SUPPORT SERVICES FOR EMS**

15 **SECTION 18. *Emergency Medical Vehicles.*** - This Act shall follow the
16 prescribed guidelines of the Department of Health on the specification and equipage
17 of an Ambulance Service.

18 **SECTION 19. *Adoption of a National Universal Emergency Telephone***
19 ***Number.*** - There shall only be one national emergency number to enable the public
20 to access emergency medical services (911). Towards this end, the National
21 Telecommunications Commission (NTC) shall develop a program for the adoption of a
22 national emergency number with the LGUs and officials responsible for emergency
23 service and public safety; the telecommunications industry (specifically including the
24 cellular and other wireless telecommunications service providers); the motor vehicle
25 manufacturing industry; emergency medical service providers; emergency dispatch
26 providers; transportation officials; public safety, fire service and law enforcement

1 officials; consumer groups; and hospital emergency and trauma care personnel
2 (including emergency physicians, trauma surgeons and nurses).

3 **SECTION 20. Access to Automated External Defibrillators (AED).** – This
4 Act shall mandate all government/public and private institutions, including malls, parks
5 and transport stations, to place at least one (1) automated defibrillator in their
6 respective areas of responsibility.

7 **CHAPTER VI**
8 **OTHER PROVISIONS**

9 **SECTION 21. Appropriations.** - The amounts necessary for the implementation of
10 this Order shall be sourced from the appropriations of all concerned agencies and local
11 government units. Additional funds and possible fund sources as may be necessary
12 for the implementation of this Order shall be identified and provided by the
13 Department of Budget and Management.

14 **SECTION 22. Separability Clause.** - If any clause, sentence, paragraph or
15 part of this Act shall be declared unconstitutional or invalid, such judgment shall not
16 affect, invalidate or impact any other part of this Act.

17 **SECTION 23. Repealing Clause.** - Any provision of laws, orders,
18 agreements, rules or regulations contrary to and inconsistent with this Act is hereby
19 repealed, amended or modified accordingly.

20 **SECTION 24. Effectivity.** - This Act shall take effect fifteen (15) days after
21 its publication in the Official Gazette or in a newspaper of general circulation.

Approved,