



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

OCT 22 2020

ADMINISTRATIVE ORDER
No. 2020- 0051

SUBJECT: Guidelines in the Allocation of Ambulances of the Department of Health

I. BACKGROUND

Republic Act (RA) No. 11223, otherwise known as the Universal Health Care (UHC) Act, seeks to ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services and are protected against financial risk. The National Government shall make available commensurate financial and non-financial matching grants, including capital outlay, human resources for health and health commodities, to improve the functionality of province-wide and city-wide health systems, provided, that underserved areas shall be given priority in the allocation of grants and that the grants shall be in accordance with the approved province-wide and city-wide health investment plans.

To complement the healthcare system envisioned in the UHC Act as primary care oriented and with an integrated care system, the is developed as an aspirational plan, which shall serve as guide and provide evidence to National and Local Investment Plan for Health.

Service Delivery is one of the main pillars of the Department of Health's (DOH) *FOURmula One Plus (F1+)* strategy. Under the F1+, the DOH envisions the delivery of quality health services throughout the country through functional Health Care Provider Networks (HCPNs) in support of the Administrative Order (AO) No. 2020-0019, by investing in health human resources, improving and addressing the gap in health facilities, and improving access to health services.

Ambulance services are vital to functional and accessible HCPNs, particularly in ensuring that patients receive timely services in the appropriate level of care. It is also essential to ensuring life-saving transport of patients in need of medical care as a result of illness, disasters, serious impairment to bodily function, or progression of labor/ delivery.

Aligned with the direction of the Philippine Health Facility Development Plan (PHFDP) 2020-2040 to provide access to quality healthcare and address the need for ambulances, the DOH has allocated funding for the procurement of ambulances under the Health Facilities Enhancement Program (HFEP). Given the limited resources, there is a need to ensure appropriate allocation of ambulances procured by and/or donated to the DOH.

OBJECTIVES

To establish and provide guidelines, procedures and considerations in the allocation and distribution of ambulances donated to or provided by the DOH.

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OCT 26 2020
CORAZON S. DELA CRUZ
KAMIS - RECORDS SECTION
Department of Health

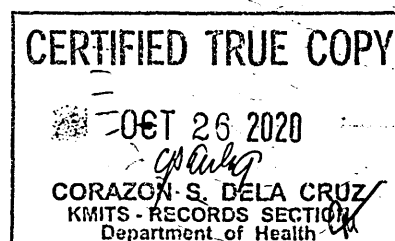
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III. SCOPE AND COVERAGE

This Order shall apply to all classifications and categories of ambulances donated to or procured by the DOH regardless of funding source. Furthermore, this shall cover all DOH Central Office, bureaus, and Centers for Health Development (CHDs), Ministry of Health Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM), local government units (LGUs), and national government agencies (NGAs) as mentioned in this Order.

IV. DEFINITION OF TERMS

- A. **Ambulance** - a vehicle designed and equipped for transporting sick or injured patients to, from, and between places of treatment by land, water, or air, affording safety and comfort to the patients and avoiding aggravation of illness or injury. This excludes rapid response vehicles, such as, but not limited to, motorcycles, cars and other vehicles designed to transport patients but are not equipped to respond to medical emergencies based on the Rules and Regulations Governing the Licensure of Ambulances and Ambulance Service Providers issued by DOH HFSRB
- B. **Ambulance License** - refers to the authorization granted by the Health Facilities and Services Regulatory Bureau (HFSRB) for the operation of an ambulance that meets the standard requirements defined. Ambulances can be granted Level 1 or Level 2 license. Non-licensed vehicles are categorized as Patient Transport Vehicles (PTV).
- C. **Ambulance Service Provider (ASP)** – refers to a health facility, institution or entity whether government or privately-owned that provides ambulance services licensed by the DOH HFSRB.
- D. **Health Facility** - refers to a building or physical structure that has amenities, equipment and staffing for the delivery of clinical inpatient and outpatient services, emergency services and other ancillary and support services such as, but not limited to, clinical laboratories, imaging facilities and dialysis clinics. These include government or private hospitals, primary care facilities, custodial care facilities, diagnostic/ therapeutic facilities and other specialized outpatient facilities as classified in the DOH Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines
- E. **Health Care Provider Network (HCPN)** – refers to group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider acting as the navigator and coordinator of health care within the network (RA 11223).
- F. **Health Facilities Enhancement Program** – refers to a DOH program which receives budget from the national government for the purpose of upgrading and developing government hospitals and other facilities



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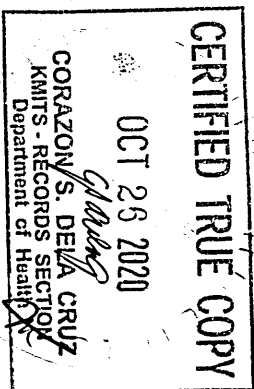
- G. **Health-Related Establishment (HRE)** – refers to any provincial/regional office or government agency that may necessitate the use of an ambulance for purposes of disaster response and management, calamities and crises.
- H. **Land Ambulance** – refers to a vehicle designed and equipped with basic or advance life-support for transporting patients to, from, and between, places of treatment by land based on the Revised Rules and Regulations Governing the Licensure of Land Ambulance and Ambulance Service Providers issued by DOH HFSRB.
- I. **Patient Transport Vehicle (PTV)** - refers to any form of vehicle, other than those classified as a licensed ambulance, designed and/or used to transport patients whose condition is of a non-life threatening nature.
- J. **Sea Ambulance** – refers to a specialized boat that transports injured or sick people in a medical emergency or over distance or terrain impractical for a conventional ground ambulance. (Adapted from the Regional Policy Manual on Sea Ambulance Services - DOH CHD MIMAROPA)
- K. **Air Ambulance** – refers to an air medical transport which use is to reduce the time required to transport a victim to a facility for definitive care and maximize his or her chance of making a successful recovery. (Adapted from WHO Prehospital Trauma Care Systems, World Health Organization 2005)

V. GENERAL GUIDELINES

- 1. The CHDs shall be able to provide a prioritized allocation list of HCPN, DOH or LGU-owned health facilities, and health-related establishments to the HFEP Management Office (HFEP-MO) after the evaluation of requests submitted to them, using the considerations set forth in this Order
- 2. Ambulances shall only be allocated to health facilities or health-related establishments that have the capacity to comply with the licensing requirements of HFSRB.
- 3. The prioritization of facilities in the allocation of ambulance shall be based on the considerations defined in this Order. The corresponding category of ambulance to be allocated shall be appropriate to the level and service capability of the health facility or health-related establishment based on the Revised Rules and Regulations Governing the Licensure of Land Ambulance and Ambulance Service Providers issued by DOH HFSRB.

VI. SPECIFIC GUIDELINES

- 1. **Inclusion criteria in allocation of ambulances.** The following may be included in the allocation of ambulances procured by or donated to the Department of Health:
 - A. DOH-owned health facilities and health-related establishments such as, but not limited to, hospitals, medical centers, drug abuse treatment & rehabilitation centers (DATRCs), blood service facilities, psychiatric facilities, quarantine



stations, DOH central, regional and provincial offices, DOH-attached agencies and special or temporary emergency health infrastructure;

B. LGU-owned facilities and health-related establishments providing direct patient care such as, but not limited to, rural health units, urban health centers, barangay health stations, infirmaries, hospitals, drug abuse treatment & rehabilitation centers, and provincial, city, and municipal health offices; and

C. Health facilities owned by other NGAs.

2. **Considerations in prioritizing allocation.** The following factors should be considered in the allocation of ambulances:

A. Health facilities which are part of HCPNs

B. Facilities with no existing ambulance and access to an ASP

C. Pursuant to AO 2020-0023, Geographically Disadvantaged and Isolated Areas (GIDAs) shall be given priority in the provision of assistance and support especially those health facilities catering to at least 50% of Municipalities that are GIDAs, or where at least 50% of population in the municipalities are Indigenous People (IPs).

D. Health facilities providing both emergency response and patient transfer to another facility for any diagnostic procedure or with more advanced care for the continuity of medical care;

E. Facilities with personnel equipped with technical skills and knowledge in operating the ambulance and medical professional/s who can assist/provide health interventions during the conduct of the patients (based on DOH Licensing Standards for Ambulance)

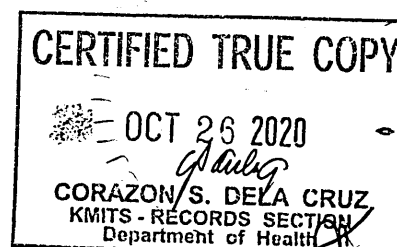
F. Health Facilities with an available budget for the supplies, parts and other materials compatible with equipment use; and, availability of other provisions to make sure that the ambulance shall be properly utilized, maintained, and fully functional. Health facilities that provide direct clinical (diagnostic, therapeutic and rehabilitative care) services over health-related establishments. Health-related establishments to be granted ambulances shall be required to enlist as ASPs to government health facilities within their primary service area.

G. Health facilities with available covered parking space for the ambulance

H. The ambulance type to be allocated should be appropriate to the level of the health facility. Only level 2 and 3 hospitals shall be allocated with Type 2 ambulance

3. **Process for applying for ambulance allocation from the DOH**

A. All requests for ambulance shall be accompanied by the following, issued by the head of the intended recipient LGU or facility:



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- i. Certification of availability of human resource complement to operate and maintain the ambulance (see Annex A)
- ii. Letter of commitment for the maintenance and operation of ambulance
- iii. Inventory of the condition and status of existing ambulance or PTV (see Annex B)
- iv. Health demographic data of the catchment population
- v. Hospital statistics, if applicable

- B. The acquisition of ambulance of the LGUs shall be reflected in their Local Investment Plan for Health (LIPH) which specifies their strategic direction in terms of improving health service delivery.
- C. Requests from LGU health facilities shall be addressed to respective DOH CHD Directors and accompanied by a resolution from the Sangguniang Bayan, Sangguniang Panlalawigan or Sangguniang Panglungsod signed by the local chief executive.
- D. Requests from other NGAs and other national government officials shall be addressed to the Secretary of Health
- E. Requests from DOH Hospitals, signed by the Medical Center Chief or Chief of Hospital, shall be addressed to the DOH CHD Director.

4. Process for evaluating ambulance request

- A. All requests for ambulance shall be subjected to technical evaluation by the CHDs.
- B. The CHDs shall include in their technical evaluation the considerations in prioritizing the allocation of ambulance set forth in this Order.
- C. Requests with complete documentary requirements received by CHDs not later than February shall be considered for funding for the succeeding calendar year.

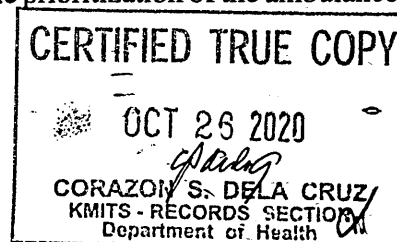
5. Review and Prioritization of Allocations List

- A. All requests that passed the technical evaluation of the respective CHD shall be subjected to prioritization depending on the availability of funds. CHDs shall respond to the request using their own funds, or other sources such as Official Development Assistance (ODA) and donations.
- B. Facilities that passed the technical evaluation but were not funded by the CHDs shall be included in the regional consolidated budget proposal for capital outlay, to be submitted to the HFEP-MO not later than end of February.
- C. The HFEP – MO shall consolidate and review the allocation list submitted by the CHDs to come up with an annual national ambulance allocation list that is responsive towards the establishment of functional and accessible HCPNs for inclusion in the HFEP budget proposal.

VII. ROLES AND RESPONSIBILITIES

1. HFDB shall:

- A. Provide technical assistance for the prioritization of the ambulance allocation list



2. HFEP-MO shall:

- A. Refer requests from other NGAs and other national government officials received by the DOH Central Office to the CHDs for their technical evaluation
- B. Consolidate and review the ambulance allocation list submitted by the CHDs
- C. Prepare the annual national ambulance allocation list of ambulances for inclusion in the DOH budget proposal

3. CHD shall:

- A. Establish an appropriate timeline for the duration of the process for applying for ambulance allocation from the DOH
- B. Evaluate the request of health facilities for ambulance
- C. Prioritize ambulance recipient in accordance with the set considerations and guidelines.
- D. Submit on time the regional ambulance allocation list to DOH Central Office.
- E. Inform the requesting health facility and health-related establishment of the status of their request.
- F. Issue guidelines as appropriate to the region for the turn-over of the ambulance.
- G. Maintain an inventory of ambulances and PTVs including those used for sea/river transport, used by health facilities within their region. This shall be used for evidence-based resource allocation and will be submitted to the HFEP-MO, copy furnished Field Implementation and Coordination Team (FICT) by the CHDs, not later than end of February of each year.

4. DOH Hospitals and other DOH health facilities shall:

- A. Submit a request for ambulance signed by the Medical Center Chief/Head of the Facility.

5. LGUs and LGU Health Facilities shall:

- A. Pass a resolution (Sangguniang Bayan, Panlalawigan, or Panglungsod) requesting for ambulance
- B. Ensure the completeness of requirements before submitting the request for ambulance to the CHDs
- C. Submission of report on utilization/status of ambulance or PTV to their respective CHDs with timelines, to facilitate the maintenance of the CHD inventory.

VIII. FUNDING

CHDs and other Offices mentioned herein shall allocate funds for the successful implementation of this Order subject to the usual accounting rules and regulations.

Funding for the procurement of the ambulance may be charged to the General Appropriations Act and other funding institutions and development partners.


IX. REPEALING CLAUSE

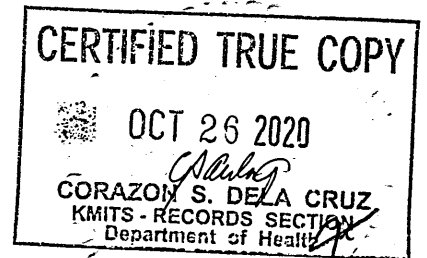
All Orders, rules, regulations, and other related issuances inconsistent with or contrary to this Order are hereby repealed, amended, or modified accordingly.

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OCT 26 2020
CORAZON S. DELA CRUZ
KINITS - RECORDS SECTION
Department of Health

X. EFFECTIVITY

This Order shall take effect after fifteen (15) days following its publication in a newspaper of general circulation and upon filing with the University of the Philippines Law Center of three (3) certified copies of this Order.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health



(Date)

CERTIFICATION

This is to certify that (Name of Facility/ Local Government Unit) has the following Human Resource complement to operate and maintain the ambulance in compliance to Administrative Order No. 2018-0001 "Revised Rules and Regulations Governing the Licensure of Land Ambulances and Ambulance Service Providers:

Standards and Requirements	Yes	No	Remarks
1. Driver for every shift with:			
a. Valid professional driver's license			
b. Certificate of Proficiency from TESDA			
2. Minimum of (2) ambulance personnel excluding the driver and must be trained from a DOH recognized training provider, in the following:			
a. Standard First Aid			
b. Basic Life Support			
c. Advanced Cardiac Life Support			
d. Emergency Medical Technician			

Conforme:

Municipal Health Officer / Head of intended recipient /

Noted:

Local Chief Executive (LGU) / Chief of Hospital or Medical Center Chief / Head of Agency



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Annex B

Inventory of the condition and status of existing ambulance or Patient Transport Vehicle

Name of Health Facility: _____

Ambulance License Number	LTO Registration Number	Vehicle Model	Year of Acquisition	Mode of Acquisition	Ambulance Category	Classification of ambulance ownership	Number and name of major repair of ambulance	Working condition
				Donated, procured in full by LGU, procured and subsidized, etc.	Type I or II	Private owned, Government Owned, or Institution based / Non-institution based (if ASP)		

Conforme:

Municipal Health Officer / Head of intended recipient /

Noted:

Local Chief Executive (LGU) / Chief of Hospital or Medical Center Chief / Head of Agency