REVISED RULES AND REGULATIONS GOVERNING THE LICENSURE OF LAND AMBULANCES AND AMBULANCE SERVICE PROVIDERS

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I. BACKGROUND AND RATIONALE

On July 12,2016, the Department of Health (DOH) through the Health Facilities and Services Regulatory Bureau (formerly Bureau of Health Facilities and Services) published Administrative Order (A.O.) No. 2016-0029 titled "Rules and Regulations Governing the Licensure of Ambulances and Ambulance Service Providers" dated June 29, 2016.

The aforementioned A.O. was drafted in line with Section VI. A. 4. of A.O. No. 2010- 0003 titled "National Policy on Ambulance Use and Services" which stated that the "Bureau of Health Facilities and Services shall establish licensing standards for ambulance services and ensures their implementation through regulation. The license of hospital-based ambulance service shall be part of the hospital license. All other ambulance services shall require a separate license" The policy was envisioned to remedy the issue on the misuse of ambulance vehicles and the mislabeling of other vehicles as ambulances in the country. Moreover, it seeks to establish that ambulances operate with competent personnel and appropriate equipment in order to respond to medical emergencies, provide quality care and ensure patient safety.

However, in consideration of the plight of stakeholders who could not readily comply with the standards and requirements prescribed in the policy, the DOH decided to issue out Department Circular (DC) No. 2016-0357 titled Extension of Moratorium Period for Compliance for All Ambulance and Ambulance Service Providers. The DC. provided a moratorium for all ambulance service providers to comply until December 31, 2017 while the AD. underwent policy review.

After the conduct of several consultative meetings with stakeholders and considering the context in which ambulance service providers currently operate, this Order hereby provides the revised mandatory minimum standards and requirements for the licensure of land ambulances and ambulance service providers.

II. OBJECTIVE

These rules and regulations are promulgated to protect the public and ensure the safety of patients and personnel by setting the minimum standards and requirements for land ambulances and ambulance service providers.

III. SCOPE AND COVERAGE

These rules and regulations shall apply to all government and private land ambulances and ambulance service providers.

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IV. DEFINITION OF TERMS

For purposes of this Order, the following terms, abbreviations and definitions apply:

1. 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.

2. Ambulance Service Provider (ASP) - a health facility, institution or entity whether government or privately owned providing ambulance services.

3. Advanced Cardiac Life Support (ACLS) — a group of interventions used to treat and stabilize adult victims of life-threatening cardiorespiratory emergencies and to resuscitate victims of cardiac arrest. These interventions include CardioPulmonary Resuscitation, basic and advanced airway management, tracheal intubation, medications, electrical therapy and intravenous (IV) access.

4. Advance Life Support (ALS) - a set of life saving protocols and skills that extend BLS to further support the circulation and provide an open airway and adequate ventilation.

5. Basic Life Support (BLS) — a group of actions and interventions used to resuscitate and stabilize victims of cardiac or respiratory arrest. These BLS actions and interventions include recognition of a cardiac or a respiratory emergency or stroke, activation of the emergency response system, CPR and relief of foreign body airway obstruction.

6. Department of Health — License to Operate (DOH-LTO) — a formal authority issued by DOH to an individual, agency, partnership or corporation to operate an ambulance.

7. Emergency Medical Technician (EMT) - trained professional who provide out of hospital emergency medical care and transportation for critical and emergent patients who access the emergency medical services (EMS) system. (Ohio National Registry ofMedical Technicians, 201 7)

8. First Aid —is the immediate assistance provided to a sick or injured person until professional help arrives. Referred to as Standard First Aid (SFA) in this Order. (International Federation of Red Cross and Red Crescent Societies, 2016)

9. HFSRB—Health Facilities and Services Regulatory Bureau

10. Land Ambulance- a vehicle designed and equipped with basic or advance life support transporting patients to, from, and between places of treatment by land

11. Medical Direction— allows a paramedic or EMT to contact a physician from the field via radio or other means to obtain instruction on further care of a patient

12. Medical emergencies - any acute or life-threatening condition that requires immediate intervention by a competent personnel

13. Patient Transport Vehicle (PTV) - any form of land vehicle designed to transport patients whose condition is of a non-life threatening nature.

14. RO-RLED- Regional Office— Regulation Licensing and Enforcement
Division.

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V. GENERAL GUIDELINES

1. All vehicles shall be duly registered with the Land Transportation Office under the name of the ambulance service provider prior to application for DOH-License to Operate.

2. Licensed land ambulance vehicles shall only be used for the purpose by which it was granted a license to operate.

3. No land vehicle of any kind shall bear on its body the label or marking of the word “AMBULANCE” unless it has been duly licensed and categorized as a land ambulance by the Department of Health.

4. Every ambulance service provider shall be organized to provide safe, quality, effective and efficient ambulance services for patients which shall be made available at all times.

5. Ambulance service providers of privately owned ambulances shall be registered with the Department of Trade and Industry (DTI) or with the Securities and Exchange Commission (SEC), whichever is applicable.

6. For ambulance service providers of government owned ambulances, a local government ordinance/board resolution or its equivalent as proof of ownership of ambulance vehicles shall be required.

7. All ambulance service providers shall have an Operations Control and Dispatch Center of their ambulance/s whether it be a business office or space and shall ensure adequate parking spaces for their ambulance/s.

8. Ambulance service providers shall ensure that they are part of a functional referral network within the area/vicinity where they shall operate.

9. The DOH—LTO of ambulance service providers of institution-based ambulances applying for a DOH-LTO shall be included in the One-Stop Shop (OSS) system for hospitals and other health facilities, and shall be reflected in the health facility DOH-LTO. There shall only be one (1) DOH—LTO for the health facility indicating the number of licensed ambulances.

10. Ambulance service providers of non-institution-based ambulances shall secure a separate DOH-LTO.

11. Ambulance service providers shall strictly comply with the standards, criteria and requirements prescribed in the Assessment Tool for Licensing a Land Ambulance and Ambulance Service Provider (Annex C).

12. Ambulance service providers (ASP) shall subject each of its ambulance vehicles for inspection. Any additional vehicle shall be applied for inspection. Only when found compliant shall the additional vehicle be included in the existing list of approved ambulances of the ASP. Moreover, in cases when a vehicle will no longer be used as an ambulance, the ASP shall inform HFSRB/RO-RLED through a letter indicating the plate or conduction sticker number of the said vehicle for delisting. The delisted vehicle shall then no longer bear the marking “AMBULANCE” and the DOH Ambulance logo should be removed.

13. Vehicles used to transport patients but are not equipped with Basic Life Support (BLS) or Advance Life Support (ALS) shall be categorized as Patient Transport Vehicles.

14. Patient Transport Vehicles shall be used to transport patients whose condition is of a non-life threatening nature such as but not limited to scheduled visits to a physician’s office for treatment, routine physical examinations, x-rays or laboratory tests, or upon discharge from a hospital.

15. Patient Transport Vehicles should not bear the marking of the word “AMBULANCE” but shall instead be labeled as “PATIENT TRANSPORT VEHICLE.”

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16. Patient Transport Vehicles shall not be licensed by the HFSRB but shall be registered with the Bureau using a prescribed form.

VI. SPECIFIC GUIDELINES

A. CLASSIFICATION OF LAND AMBULANCES

1. ACCORDING TO OWNERSHIP

a. Government — owned, managed and operated wholly by government agencies/institutions such as, but not limited to, DOH hospitals, Local Government Units (LGU) and LGU-run hospitals, the Bureau of Fire Protection (BFP) and the Philippine National Police (PNP) of the Department of the Interior and Local Government (DILG), the Philippine Coastguard of the Department of Transportation (DOTr), the Armed Forces of the Philippines (AFP) of the Department of National Defense (DND), Metropolitan Manila Development Authority (MMDA) and others.

b. Private — owned, managed and operated with funds through donation, principal, investment or other means by any individual, corporation, association or organization. Private ownership may be through single proprietorship, partnership, corporation, cooperative, foundation, religious, non—government organization and others.

2. ACCORDING TO INSTITUTIONAL CHARACTER

a. Institution-based — ambulance that is owned, operated, maintained and used by a health facility (i.e. hospital, infirmary, etc.) regulated by the Department of Health.

b. Non-institution-based/ Free-Standing — ambulance that is operated independently from a health facility but may be used to service a health facility through a notarized Memorandum of Agreement (MOA) /service contract or its equivalent.

B. CATEGORIZATION OF LAND AMBULANCES

1. Type I- ambulance capable of providing Basic Life Support (BLS)

2. Type II- ambulance capable ofproviding Advance Life Support (ALS) C. CATEGORY OF AMBULANCES REQUIRED AMONG HEALTH FACILITIES

l. Ambulances are part of the licensing requirements of several types of health facilities. The category of ambulance required from a health facility shall be commensurate to the services provided by the health facility as shown in the table below:

Typ e of Fac ilit y

Ca t ego r y o f
A m bu l ance Requ ir ed

I f Ou t sou r ced w ith a DO H
L i censed A m bu l ance Se r v i c e P r ov i der (ASP)

Specialty and Level 3
Hospitals

Typ e II (ALS) Ambulance

- The A m bu l ance se r v i c i ng t he Hosp it a l s shou ld be Type I I

- The re shou ld be a M O A be t ween t he hosp it al and t he ASP (whe t her gove r n m ent o r p ri va t e ly owned)

- The a mbulance vehicle should be stationed at the hospital at all times

Leve l 2
Hosp it a l s

Level
1 Hospitals

Typ e I (BLS)
Ambulance + MOA with a hospital of higher level .

May opt to have a
Type II Ambulance

- The a m bu l ance se r v i c i ng t h e Hosp it a ls m ay e it her be Type I or Type I I

- The re shou ld be a M O A be t ween t he hosp it al and t he ASP (whe t her gove r n m ent o r p ri va t e ly owned)

Infirmaries

2. Hospitals and infirmaries may opt to have their own patient Transport Vehicles (PTV)1n addition to their ambulances.

3. Birthing facilities at a minimum are required to enter a MOA with ambulance service providers (whether government or privately owned) but may also opt to own an ambulance. This shall be complemented with a MOA with a health facility of higher level. In cases wherein the birthing home's referral facility is also the ambulance service provider, one MOA will suffice as long as the terms for ambulance services are clearly stipulated in the said MOA.

4. All facilities opting to enter a MOA with any DOH licensed ambulance service provider shall take into consideration that the ASP servicing the facility should be able to respond and provide ambulance services within a reasonable time. Moreover, DOH licensed ASPs entering into MOA/s with health facilities should do so in accordance with their service capacity and capability.

D. STANDARDS

1. AMBULANCE BODY

a. An ambulance vehicle shall be able to accommodate the patient, and the required number of personnel and equipment.

b. The ambulance shall have a non-porous partition between the driver and the body of the ambulance.

c. DOH Licensed Ambulances shall bear the following markings:
i. Front: The reflectorized and capitalized word "AMBULANCE" which is spelled out in reverse (mirror

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image). The height of each letter shall be no less than 10 centimeters and the word shall be seen at least six (6) meters away.

ii. Side: Each side of the ambulance body shall have the capitalized word “AMBULANCE” not less than 15 cm in height.

The name and logo of the licensee, the administrative division (Region, Province, City, Municipality and Barangay) to which the ambulance is affiliated with may be indicated on the sides of the ambulance provided that the logo/font size used should not be more than the height of the word “AMBULANCE.” This shall be placed below the word “AMBULANCE.”

iii. Rear: The reflectorized and capitalized word “AMBULANCE” not less than 15 cm in height and the prescribed DOH ambulance logo to be issued by the DOH once the application for a license is approve (Refer to Annex B: Official DOH Ambulance Logo)

iv. The licensee may also opt to mount the blue “Star of Life” emblem on any part of the ambulance vehicle.

There shall be no restrictions on the color of the ambulance vehicle or on the color of the letterings.

Any other signage or pictures outside of what is prescribed herein are not allowed.

d. Each ambulance shall have adequate and stable cabinet/s that can appropriately store the required equipment, medicines and supplies. These storages shall be easily accessible but properly secured at all times.

e. Ambulance vehicles shall have Emergency Warning Light System and Siren- Public Address System.

2. PERSONNEL

Each ambulance shall be manned by an adequate number of qualified, trained and competent staff to ensure efficient and effective delivery of quality ambulance services.

a. A minimum of at least two (2) ambulance personnel, excluding the driver, is required for every ambulance dispatched. Additional staff depends on the nature of the emergency as determined by the management of the service provider.

b. The minimum qualifications and trainings required from ambulance personnel shall be in accordance to the type of ambulance they operate as follows:

Category of Ambulance

Minimum Qualification

Training Requirements

Type I

Graduate of any health related
4 year course

C Y 2018 - 2019:

- S t anda rd F ir st A id (SFA)

- Bas ic L ife Suppo rt (BLS)

S t a rti n g CY 2020 onwa r ds : - SFA + BLS + E m e r genc y M ed i cal Techn i c i an (E M T) T r a i n i ng - Bas ic

Type II

Licensed or
Registered Nu rse (RN)

C Y 2018 :

- Standard First Aid (SFA)
- Bas ic L ife Suppo rt (BLS)
- Advance Ca r d i ac L ife Suppo r t

(ACLS)

S t a rti n g CY 2020 onwa r ds :

- SFA + BLS + ACLS + E M T T r a i n i ng- Advance / Par amedic Training

C. There shall be staff development and continuing education program to upgrade the knowledge, attitude and skills of staff.

3. EQUIPMENT, MEDICINES AND SUPPLIES

Every ambulance shall have available and operational prescribed equipment, medicines and supplies.

a. Each ambulance shall be adequately equipped with appropriate equipment, medicines and supplies. (Refer to Annex C: Assessment Tool for Licensing a Land Ambulance and Ambulance Service Provider)

There shall be a program for calibration, preventive maintenance and repair of equipment, including decontamination and disinfection.

There shall be a contingency plan in case of equipment breakdown and malfunction, especially during patient transport.

There shall be a program for the management of temperature sensitive medication.

4. SERVICE DELIVERY

Every ambulance service provider shall ensure that the services delivered to patients comply with the standard quality embodied in the assessment tool for licensing a land ambulance and ambulance service provider, other policy guidelines and/or related issuances.

a. Ambulance service provider shall have documented policies and procedures on its administrative and technical Standard Operating Procedures (SOP) for the provision of its ambulance services.

b. Ambulance service provider shall have documented policies and procedures on the establishment of its referral system.

Non-institution-based/Free-Standing ambulance service providers servicing the public independently shall have a MOA with a hospital for which they can bring their clients for the needed health services. [This clause is not applicable in cases of extreme medical emergencies or in cases when patients prefer another ambulance service provider.]

c. Ambulances shall have devices to communicate to the operation center of the ambulance service provider and the referral hospital/health facility for recording and effective management of cases.

d. There shall be guidelines in the implementation of medical direction when needed.

5. INFORMATION MANAGEMENT

Every ambulance service provider shall maintain a system of communication, recording and reporting of the patient's condition as well as the results of examinations which may include electronic communications or otherwise allowed under Republic Act (R.A.) 8792, otherwise known as the "Electronic Commerce Act of 2000." Moreover, management of data or information should be in adherence to RA. 10173 also known as the "Data Privacy Act of 2012."

a. Hospital/Facility Referral Form

Each form shall be kept confidential and shall contain sufficient information to identify the patient and to justify the treatment provided, which includes the information of transfer/referral of patient to another physician or health facility.

b. Logbook

Ambulance service providers shall maintain a logbook which shall be signed by the head of the DOH licensing team during inspection and/or monitoring visits. The logbook shall contain, but not be limited to, the following information:

i. Name, sex and age of patient;
ii. Name of attending physician, when applicable;
iii. Origin and destination; Date and time of dispatch and return of ambulance;
iv. Reason for transfer/transport;
v. Disposition of patient. c. Submission of Reports

All ambulance service providers shall submit an annual report utilizing the template provided by DOH (Refer to Annex D: DOH Annual Statistical Report for Ambulance Service Providers). The deadline for the yearly submission is every 31st of March of the following year (ex. CY 2018 report will be due on March 31, 2019).

6. ENVIRONMENTAL MANAGEMENT

Every ambulance service provider shall ensure that the environment is safe for its patients and staff including members of the public as necessary and that the following measures and/or safeguards shall be observed:

a. The ambulance shall be properly ventilated, lighted, clean and safe.

b. There shall be a written plan and program of proper disinfection and preventive maintenance of the

ambulance vehicles.

c. The use of Personal Protective Equipment (PPEs) and adherence to infection control policies shall be strictly observed.

d. There shall be procedures for the proper disposal of infectious wastes and toxic and hazardous substances in accordance with RA. 6969 known as “Toxic and Hazardous Substances and Nuclear Wastes Act” and other related policy guidelines and/or issuances.

VII. PROCEDURAL GUIDELINES

A. The processing of application for DOH-LTO shall be as follows:

Type of Application

HFSRB

RO - RLE D

Initial/Renewal

Institution-based: Ambulances of Levels 2 and 3 Hospitals. Ambulatory Surgical Clinics, Dialysis Clinics, Medical Facilities for Overseas Workers and Seafarers, etc.

Non-Institution-based: Government owned: Ambulances of Barangay Health Stations, Rural Health Units, Health Centers, City Health Offices, Municipal Health Offices, Provincial Health Offices, LGUs, BFP, PNP, Coastguard, AFP, MMDA, etc.
Privately owned

Institution-based: Level 1 Hospitals, Birthing Homes and Infirmaries

B. The processing of applications shall be within thirty (30) days starting from the time of receipt of the complete application documents to the issuance or non- issuance of the DOH-LTO.

C. APPLICATION FOR INITIAL DOH—LTO

l. Ambulance service providers of institution-based ambulances shall follow the One-Stop Shop (OSS) system for hospitals and other health facilities.

2. Ambulance service providers of non-institution—based ambulances shall follow the consecutive steps: (Refer to Annex A for the Process Flow in the Licensure of Land Ambulances and Ambulance Service Providers- Initial)

a. Ambulance service providers shall submit the following relevant documents to HFSRB/ RO-RLED:

i. Duly accomplished application form can be downloaded from hfsrb.doh.gov.ph
ii. Proof of ownership:

For Ambulance Service Providers of Government owned ambulances:
a) Enabling Act or Board Resolution or its equivalent
b) Cooperative Development Authority Registration with Articles of Cooperation and By-laws, whenever applicable

For Ambulance Service Providers of Privately owned ambulances:

a) Department of Trade and Industry (DTI) or Securities and Exchange Commission (SEC) Registration with Articles of Incorporation and By-laws;
b) Cooperative Development Authority Registration with Articles of Cooperation and By-laws, Whenever applicable

iii. Registration of the vehicle(s) from the Land Transportation Office

iv. License of the ambulance driver/s as Professional Driver, from the Land Transportation Office

b. Pay the corresponding fee, and submit a copy of the official receipt to HF SRB/ RO-RLED.

c. The HFSRB/ RO-RLED shall receive and evaluate the completeness of documentary requirements submitted including proofs of payment. A complete application means that the required documents, as specified in the application checklist of HFSRB/RO- RLED, have been submitted. If incomplete, the client shall be given thirty (30) days to submit the complete documentary requirements. The application payment will be forfeited if the complete documentary requirements are not submitted within thirty (30) days.

d. For complete applications, the inspection team of HFSRB/RO- RLED shall inspect the ambulance vehicle/s. The applicant shall ensure that all key staff, pertinent records, and ambulance vehicles are made available to HFSRB/RO-RLED during inspection visits.

If during inspection, the ambulance vehicle/s is/are found non-compliant to the standards and requirements for the licensing of ambulances, the inspection team from the concerned offices shall notify the applicant of their deficiencies and the ASP shall be given time to comply within the prescribed timeline (maximum of 30 days). The counting of days to process the application shall be stopped ("stop-clock") until all deficiencies have been complied with. Failure to complete the compliance within the timeline given

shall mean disapproval of the application and forfeiture of payment. The HFSRB/RO-RLED shall then send the Letter of Denial with the noted deficiencies to the applicant.

If found compliant during inspection, the inspection team shall recommend the issuance of the DOH-LTO.

e. The Director IV of HFSRB/RO Director, or in his/her absence or unavailability or when delegated, the Director 111 of HFSRB/RO, shall approve the issuance of the DOH-LTO.

f. Once the DOH-LTO has been issued to the ambulance service provider, each compliant ambulance vehicle of the licensed ASP shall be given the Official DOH Ambulance Logo with its corresponding plate or conduction sticker number, ambulance category and the year until when the DOH-LTO of the ASP will be valid. The logo shall then be mounted at the rear of the vehicle. Moreover, all ambulance vehicles should have a copy of the DOH- LTO of the ASP.

D. APPLICATION FOR RENEWAL OF DOH-LTO

1. Ambulance service providers of institution-based ambulances shall follow the One-Stop Shop (OSS) system for the renewal of their DOH-LTO.

2. Ambulance service providers of non-institution—based ambulances shall follow the consecutive steps:

a. Submit the following documents:
i. Duly accomplished application form. This form can be downloaded from hfsrb.doh.gov.ph.
ii. DOH annual ambulance statistical report

ii. other relevant records as may be required by DOH

b. The same steps and timelines outlined in Section VII. C.2. b.-f. of this Order shall apply.

3. The DOH-LTO of an ambulance service provider shall be cancelled automatically without notice upon failure to submit a duly accomplished application form and to pay the proper fee beyond thirty (30) days from the date of expiration stated in its license. Thereafter, the service provider shall apply for an initial DOH-LTO.

E. MONITORING

1. Licensed ambulance service providers and its ambulances shall be monitored regularly.

2. The HFSRB or RO-RLED shall conduct periodic monitoring visits utilizing the assessment tool for licensing a land ambulance and ambulance service provider.

3. The applicant shall ensure that all key staff, records, premises and facilities are made available to HFSRB or RO-RLED during monitoring activities.

4. A Notice of Violation shall be issued immediately for non-compliance with these rules and regulations.

VIII. VALIDITY OF LICENSE TO OPERATE

The DOH-LTO of ambulance service providers of institution-based ambulances shall be valid for one (1) year only following the OSS system for hospitals and other health facilities, while for ASP of non-institution-based ambulances, the DOH-LTO shall be valid for three (3) years from January of the first year to December of the third year.

IX. SCHEDULE OF FEES

A. A non-refundable fee shall be charged for the application of DOH-LTO of an ambulance service provider and its land ambulances (Refer to Annex E: Schedule of Fees in the Licensure of Land Ambulances and Ambulance Service Providers):

B. All fees/checks shall be paid to the order of DOH in person or through postal money order [or through bank to bank payments as soon as the system becomes functional].

C. All fees, surcharges and discounts shall follow the current DOH prescribed schedule of fees in AO. No. 2007 — 0001 “Revised Schedule of Fees for Certain Services Rendered by the Bureau of Health Facilities and Services and Centers for Health Development...”, A.O. No. 2007 — 0023 regarding “Schedule of Fees for the One-Stop Shop Licensure System for Hospitals”, and AD. No. 2008 —0028 “Schedule of Fees for the One-Stop Shop System for the Regulation of Medical Facilities for Overseas Workers and Seafarers and Non-Hospital Based. . .”, other policy guidelines and/or relevant issuances.

X. VIOLATIONS

Ambulance service providers found Violating any provision of these rules and regulations and its related issuances and relevant policy guidelines, and/or commission/omission of acts by personnel operating an ambulance under this Order shall be penalized and/or its DOH-LTO suspended or revoked.

The Health Facilities and Services Regulatory Bureau or the Regional Office Director and/or his authorized representative(s) shall investigate complaints and verify if ambulance service provider concerned or any of its personnel is liable for an alleged violation. The HFSRB or R0 Director may order the preventive suspension of

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operation of the concerned ambulance service provider pending investigation which shall not be more than ninety (90) days.

XII. SANCTIONS AND PENALTY

Imposable penalties for violations hereof shall be in accordance with AO. No. 2007— 0022 titled "Violations under the One-Stop Shop Licensure System for Hospitals", A.O. No. 2008—0027 known as "One-Stop Shop System for the Regulation of Medical Facilities for Overseas Workers and Seafarers, Non- Hospital-Based Dialysis Clinics and Non-Hospital- Based Ambulatory Surgical Clinics with Ancillary Services", and related issuances or guidelines.

In case of death or serious physical injury (as defined by Article 263 of the Revised Penal Code of the Philippines) of the patient, passengers, pedestrians or the general public, the DOH-LTO of the ambulance service provider shall be automatically revoked if such death or injury was found or determined by the appropriate authority to be due to the negligence or misuse of the ambulance service. This is without prejudice to any criminal or civil charges or both that may be filed by the aggrieved party against the ambulance service provider.

Ambulance service providers whose DOH-LTO has been revoked shall be prohibited from applying for another DOH-LTO as an ASP for a minimum of one (1) year.

XIII. APPEAL

Any hospital or other health facility aggrieved by the decision of the HFSRB Director or Regional Director may, within ten (10) days after receipt of the notice of decision file a notice of appeal to the Head of the Office for Health Regulation (OHR). All pertinent documents and records of the appellant shall then be elevated by HFSRB or the Regional Office to the OHR. The decision of the Head of the OHR if still contested maybe brought on a final appeal to the Secretary of Health within ten (10) days after receipt of the decision from OHR. The Secretary of Health's decision shall be absolute and executory.

XIV. TRANSITORY PROVISIONS

A. For application of DOH-LTO for CY 2018, ambulance service providers of both institution-based and non-institution-based ambulances may file their applications and pay the corresponding fees at either HFSRB or RO-RLED until December 15, 2017.

B. Applications filed starting January 2018 should follow section VII. A of this Order.

XV. REPEALING CLAUSE

Provisions from previous issuances that are inconsistent or contrary to the provisions of this Order shall be deemed impliedly or expressly amended or revoked.

XVI. SEPARABILITY CLAUSE

In the event that any provision or part of this Order is declared unauthorized or rendered invalid by any court of law, those provisions not affected by such declaration shall remain valid and in force.

XVII. EFFECTIVITY

This Order shall take effect after fifteen (15) days after its publication in two newspapers of general circulation.

(SGD.) FRANCISCO T. DUQUE III, M.D., MSC
Secretary of Health

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