Republic of the Philippines
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PHILHEALTH CIRCULAR
No. 2025-0022

TO : **ALL ACCREDITED HEALTHCARE PROVIDERS, AMBULANCE SERVICE PROVIDERS, PHILHEALTH REGIONAL OFFICES, LOCAL HEALTH INSURANCE OFFICES, AND ALL OTHERS CONCERNED**

SUBJECT : **Supplemental Guidelines for the PhilHealth Outpatient Emergency Care Benefit (OECB): Prehospital Emergency**

I. RATIONALE

Ambulance service is one of the most vital health services in prehospital setting and for inter-facility transport for critically ill or injured patients during emergency and disaster situations. It facilitates transport of patients and is equipped to deliver emergency medical interventions and life saving measures to support and ensure patient stability during transit.

As guided by the Republic Act No. 11223 or the Universal Health Care Act (UHC Act), it emphasizes the substantial need for emergency medical services to support the delivery of acute care. Under the existing PhilHealth Outpatient Emergency Care Benefit (OECB Package), ambulance service coverage shall be developed to provide financial risk protection to all members requiring of such care in prehospital settings.

Accordingly, through PhilHealth Board Resolution No. 3027 s. 2025, the case rates for ambulances were approved which constitute the PhilHealth Outpatient Emergency Care Benefit (OECB): Prehospital Emergency.

II. OBJECTIVES

This PhilHealth Circular shall constitute part of the OECB Package as the Prehospital Emergency Benefit which aims to establish coverage for emergency services in prehospital settings which are not covered by other existing benefit packages. This policy is part of the quantum of benefits that constitute comprehensive outpatient care coverage in support of achieving Universal Health Care.

III. SCOPE

This PhilHealth Circular covers emergency transportation, services, and commodities provided by ambulances of PhilHealth-accredited Ambulance Service Providers (ASPs) for the transport of patients with emergency condition from home, place of incidence or facility (including hospitals) to a Level 1, 2 or 3 government or private hospital.

It shall not include:

A. Coverage of Patient Transport Vehicles (PTV);

B. Inter-facility transfer of a formally admitted patient to another hospital;

C. Transfer of patients to a non-hospital facility; and

D. Emergency transportation, services, and commodities included in existing packages.

Special exemptions to the scope may be granted in cases of public health emergencies as may be identified by the Corporation, and shall be announced through an advisory upon its applicability.

IV. DEFINITION OF TERMS

A. Acute Conditions – conditions with a sudden, severe onset and short duration, which may be perceived by the patients as requiring immediate care. The condition may also be an objective assessment of a healthcare provider with similar characteristics (Example: accidents, loss of consciousness).

B. Acute Care - short term care delivered to treat acute illness or injury as an initial management. This may be a temporary measure or may resolve the acute condition.

C. Advanced Life Support (ALS)[1] - a set of life-saving protocols and skills that extend Basic Life Support (BLS) to further support the circulation and provide an open airway and adequate ventilation.

D. Ambulance[2] - 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.

[1]Department of Health Administrative Order No. 2018-0001: Revised Rules and Regulations Governing the Licensure of Land Ambulances and Ambulance Service Providers
[2]Ibid

E. **Ambulance Service Provider (ASP)**[3] - a health facility, institution or entity, whether government or privately owned, providing ambulance services.

F. **Basic Life Support (BLS)**[4] - 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.

G. **Emergency**[5] – a condition or state of a patient wherein based on the objective findings of a prudent medical office on duty for the day there is immediate danger and where delay in initial support and treatment may cause loss of life or cause permanent disability to the patient or in the case of a pregnant woman, permanent injury or loss of her unborn child or would result in a non-institutional delivery.

H. **Emergency Care** – addresses medical conditions requiring immediate attention to prevent death, serious harm, or deterioration. This includes emergent and urgent care.

I. **Emergent Care**[6] – the response to a situation where there is urgently required medical care and attention which are life threatening or with potential for permanent disability, and shall include procedures required for initial diagnosis, use of equipment and supplies in sufficiently addressing the emergency situation, considering the welfare of the patient. It also includes the necessary medical procedures and treatment administered to a woman in active labor to ensure safe delivery of the newborn.

J. **Emergency Department (ED)**[7] – a hospital department or extension facility that provides initial treatment for patients with a broad spectrum of illness and injuries, some of which may be life-threatening and require immediate attention.

K. **Emergency Medical Technician**[8] - trained professional who provides out of hospital emergency medical care and transportation for critical and emergent patients who access the emergency medical services (EMS) system.

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[3]Department of Health Administrative Order No. 2018-0001: Revised Rules and Regulations Governing the Licensure of Land Ambulances and Ambulance Service Providers
[4]Ibid
[5]Republic Act No. 11223: An Act Instituting Universal Health Care for All Filipinos, Prescribing Reforms in the Health Care System, and Appropriating Funds Therefor
[6]Republic Act No. 10932: An Act Strengthening the Anti-Hospital Deposit Law by Increasing the Penalties for the Refusal of Hospitals and Medical Clinics to Administer Appropriate Initial Medical Treatment and Support in Emergency or Serious Cases, Amending for the Purpose Batas Pambansa Bilang 702, Otherwise Known as "An Act Prohibiting the Demand of Deposits or Advance Payments for the Confinement or Treatment of Patients in Hospitals and Medical Clinics in Certain Cases", As Amended by Republic Act No. 8344, and for Other Purposes
[7]Manual of Standards and Guidelines on the Management of the Hospital Emergency Department
[8]Department of Health Administrative Order No. 2018-0001: Revised Rules and Regulations Governing the Licensure of Land Ambulances and Ambulance Service Providers

L. **Facility-based Emergency (FBE) Services** – emergency care provided in the Emergency Department and its extension facilities

M. **Field Triage** - the triage classification system used for prehospital emergencies employs rapid assessment methods to prioritize patients in terms of management, such as the Simple Triage and Rapid Treatment (START) for adults and JumpSTART for pediatric patients. This system categorizes patients into four groups with decreasing severity of condition: Expectant (most critical), Immediate, Delayed, and Minor (non urgent). For the purposes of the PHE benefit coverage, Expectant, Immediate and Delayed categories shall be covered.

N. **Land Ambulance**[9] – a vehicle designed and equipped with basic or advanced life support, transporting patients to, from, and between places of treatment by land.

O. **Patient Transport Vehicle (PTV)**[10] - any form of land vehicle designed to transport patients whose condition is of a non-life threatening nature.

P. **Prehospital Emergency (PHE) Services** – emergency medical care provided to patients prior to arrival or during transport to a hospital. This includes ambulance services, on-site basic and advanced life support, among others.

Q. **Primary Survey** - The primary survey is designed to assess and treat life-threatening injuries rapidly. It uses the ABCDE approach which corresponds to: Airway, Breathing, Circulation, Disability, and Exposure.

R. **Urgent Care** – care delivered to patients who should be seen as early as possible but are not in immediate risk to life or permanent disability.

V. POLICY STATEMENTS

A. Benefit Eligibility

1. All PhilHealth Beneficiaries shall be entitled to access the PHE services through PhilHealth accredited ASPs.

   a. All Filipino citizens shall be eligible to avail of the package, with immediate eligibility in accordance with PhilHealth Circular (PC) No. 2022-0013 Granting of Immediate Eligibility to Filipino Citizens, provided they are duly registered to PhilHealth.

   b. Filipino citizens who are not yet registered with PhilHealth may register at the point-of-service, upon handover by the responding ambulance, through the eGov App and PhilHealth Member Portal. A

[9]Department of Health Administrative Order No. 2018-0001: Revised Rules and Regulations Governing the Licensure of Land Ambulances and Ambulance Service Providers
[10]Ibid

PhilHealth Identification Number (PIN) will be issued upon successful registration.

b.1. The ASP and the hospital that shall receive the patient for definitive management shall designate an agreed upon unique transaction number for patients without identification, wherein the ASP shall use as a reference number to gather patient data from the receiving hospital.

b.2. The patient's PIN shall be secured by ASPs from the receiving hospital once the data is available.

c. Foreign nationals shall be eligible to avail of the benefit, provided that beneficiaries are:

c.1. Registered to PhilHealth; and

c.2 Compliant with the required qualifying contributions as provided in existing pertinent policies.

2. PhilHealth shall inform the public of all PhilHealth-accredited ASPs. The list of accredited ASPs shall be published on the PhilHealth website: www.philhealth.gov.ph

B. Availment Criteria

1. Conditions covered by the benefit shall be based on the primary survey and field triage assessed and certified by emergency medical technician (EMT)

2. Only patients assessed with derangements using the primary survey, or field triaged as Expectant, Immediate, or Delayed by an EMT may avail of the benefit subject to the rules of this PhilHealth Circular.

3. The assessment and certification of the EMT shall be reflected in the PHE Transfer Record Form (Annex A).

C. Benefit Design and Provider Payment

1. The OECB-PHE package shall cover emergency transport, health services, and commodities provided in emergency settings to PhilHealth beneficiaries for management of acute conditions requiring emergent or urgent care, provided that:

a. The services and/or commodities have been identified by PhilHealth for coverage, as indicated in Annex B pertaining to Package Inclusions;

b. The service or commodity was provided prior to arrival or during transport to a health facility;

c. The beneficiary is not already admitted as an inpatient case; and

d. The case does not satisfy the availment criteria for existing benefit packages that the ASP can file as a claim.

2. The PHE shall be reimbursed through case-based payment, following the delivery of service.

   a. The rates shall be determined with due consideration to the ambulance classification[11] and capability as set by the Department of Health (DOH), as well as the distance travelled by the ambulance to a hospital; and

   b. Payment shall be made directly to the PhilHealth-accredited ASPs.

3. PHE benefit coverage shall include ambulance transportation of patients with emergency conditions:

   a. The benefit shall cover land ambulance services as prehospital transport.

   b. This shall include land ambulances ferried by boats to continue the transportation of the patient across bodies of water.

4. The benefit shall utilize a combination of a 1st and 2nd case rates for all PHE claims.

5. The package codes based on ambulance service capability are listed in Table 1 (Service Package) with its corresponding amount.

Package Code	Rate (PHP)	Description
OPER2A	4,600.00	Advanced Life Support Ambulance: Covers all essential services and commodities provided during the transportation of patients requiring advanced life support.
OPER2B	4,100.00	Basic Life Support Ambulance: Covers all essential services and commodities provided during the transportation of patients requiring basic life support.
OPER2C	6,100.00	Physician-managed Advanced Life Support Ambulance: Covers all essential services and commodities provided during the transportation of patients requiring advanced life support with physician oversight and management on-site of incident and while on board the ambulance.

Table 1: PHE Service Package Codes and Amount (1st case rate)

[11]Department of Health Administrative Order No. 2018-0001: Revised Rules and Regulations Governing the Licensure of Land Ambulances and Ambulance Service Providers

6. All service package codes in Table 1 shall only be claimed as a 1st case rate and must have a 2nd case rate for distance travelled as listed in Table 2.

7. For PHE claims availing of the OPER2C package, the on-board physician must be PhilHealth accredited with a valid ALS training.

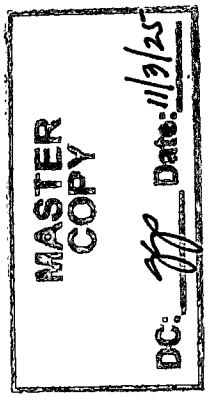
8. The maintenance and fuel costs shall be paid through a 2nd case rate relative to the distance travelled by the ambulance as defined in Table 2 (Distance Package).

Package Code	Rate (PHP)	Description
AMBU01	250.00	Covers the distance of 0-5 kms travelled by ambulance.
AMBU02	500.00	Covers the distance of >5-10 kms travelled by ambulance.
AMBU03	750.00	Covers the distance of >10-15 kms travelled by ambulance.
AMBU04	1,000.00	Covers the distance of >15-20 kms travelled by ambulance.
AMBU05	1,250.00	Covers the distance of more than 20 kms travelled by ambulance.

Table 2: PHE Distance Package Codes and Amount (2nd case rate)

9. The distance traveled shall be measured from the point of ambulance dispatch until patient handover to the hospital ED.

    a. The difference of the initial odometer reading and final reading upon handover shall be the distance upon which the 2nd case rate shall be based.



10. The distance travelled shall be paid based on distance brackets in 5 km intervals, up to 20 km. For all distance travelled beyond 20km, the case rate shall be based on the maximum distance bracket (AMBU05).

    a. The distance package code shall only be filed as a 2nd case rate to either OPER2A, OPER2B, or OPER2C.

    b. The 50% rule on 2nd case rates shall not apply to the distance package codes of the PHE benefit.

11. No copay shall be allowed for OECB-PHE claims for services that are covered under the package inclusions as enumerated in Annex B.

12. All other services and commodities provided in the ambulance that are not included in the package inclusion (see Annex B) shall not be covered under the provisions of this policy.

D. Accreditation

1. All ASPs (stand-alone or institution-based) shall be eligible to secure PhilHealth accreditation, provided that the ASP duly submits all relevant accreditation documents including:

   a. Provider Data Record (PDR);
   b. Notarized Performance Commitment duly signed by the Head of Facility;
   c. Copy of the updated DOH License to Operate (LTO) for Ambulance Service Providers, or its equivalent for Health Facilities with ambulances as part of their licensing requirements;
   d. Additional requirements for ASPs with PhilHealth-accredited physicians: Physician PRC License and ALS certificates/proof of training; and
   e. Proof of Payment of Accreditation Fee
      e.1. Institution-based ASP: Existing accreditation policy (Initial/ Renewal/Re-accreditation as additional service shall apply.
      e.2. Stand-alone ASP: Php 1,000.00

2. Institution-based ambulances may be accredited together with the health facility.

   a. Currently accredited health facilities that opt to apply as an ASP shall submit an application for re-accreditation (additional service) with complete documentary requirements as enumerated in the previous section.

3. The ASP shall declare all of their ambulance units compliant with DOH licensing standards in the PDR.

4. Accreditation shall be in consonance with the DOH LTO.

5. Continuous accreditation, with a maximum of three (3) calendar years, may be granted unless earlier terminated, temporarily withdrawn, suspended or revoked by the Corporation.

6. Initial application, re-accreditation, and renewal of accreditation of ASPs shall follow the provisions of PC No. 2023-0012 [Omnibus Guidelines on the Accreditation of Health Facilities (HFs) to the National Health Insurance Program] and its subsequent amendments. Concerns regarding accreditation validity shall follow the rules of the same PhilHealth Circular:

   a. Revocation of LTO
   b. PhilHealth-imposed suspension
   c. Decisions on application
   d. Appeals and motions for reconsideration

e. Grounds for grant or denial of accreditation, provisional accreditation and temporary withdrawal of accreditation.

7. All other accreditation processes not specifically detailed in this PhilHealth Circular shall follow indicated procedures outlined in the PC No. 2023-0012 and its subsequent amendments, as well as other related issuances.

E. Benefit Availment

1. The benefit package shall be filed using the electronic claims (eClaims) system and the electronic Statement of Account (eSOA) in compliance with PC No. 2023-0026 [Electronic Data Submission of the Statement of Account (SOA) for All Case Rates (ACR) Claims and Identified PhilHealth Benefits (Revision 1)].

2. Documentary requirements for claims submission shall include the following:

   a. Claim signature form;
   b. PHE Transfer Record Form(Annex A);
      b.1. If claiming for OPER2C, the PHE Transfer Record Form must be signed by the on-board physician.
   c. Uploaded images of the ambulance odometer reading from point of dispatch and patient handover;
   d. SOA; and
   e. Additional requirements for OPER2C: valid ALS training of Physician on board

3. Claims shall be filed by the PhilHealth-accredited ASP using the appropriate package codes (see Tables 1 and 2).

   a. Claims filing shall be dependent on the ambulance category[12] declared by the ASP in their PDR, wherein:

      a.1. Claims shall be limited by ambulance category of the utilized unit as declared in their PDR;

      a.2. Only ALS capable ambulances are allowed to file for OPER2A and OPER2C; and

      a.3. BLS capable ambulances are only allowed to file for OPER2B.

4. PhilHealth-accredited ASP shall ensure that all utilized services, both within and outside of the package inclusion, are encoded in the SOA.

5. The PHE benefit shall be paid regardless of the patient outcome, provided that the services and/or commodities were delivered in good

[12]DOH Administrative Order No. 2018-0001: Revised Rules and Regulations Governing the Licensure of Land Ambulances and Ambulance Service Providers

faith, in the interest of patient welfare, and with efficient use of health resources.

6. Each patient shall be allowed coverage for a maximum two (2) OECB-PHE claims per day, filed by PhilHealth-accredited ASPs, wherein:

   a. In series of transports, only the 1st and last transport of the patient shall be reimbursed;

   b. Facility to facility transfer shall only be allowed once; and

   c. Referral and subsequent transfer to the same level of hospital (except in Level 3 to another Level 3 hospital) or from a higher level to a lower level hospital shall not be allowed.

7. Simultaneous use of ambulance services by multiple patients (e.g. road accidents, natural calamities) shall be allowed, provided that:

   a. All patients using the same ambulance were picked up at the same place of incident; and

   b. The ambulance unit can accommodate multiple patients while maintaining to deliver quality emergency medical services to each patient without compromising the medical condition of the other patient/s.

8. Accredited health facilities shall follow all relevant laws, such as RA No. 9994 or the Expanded Senior Citizens Act of 2010 and RA No. 10754 or An Act Expanding the Benefits and Privileges of Persons with Disability, including prospective laws providing mandatory discounts, guidelines of the Bureau of Internal Revenue (BIR), and the order of charging based on DOH-DSWD-PCSO-PHIC Joint Administrative Order No. 2020-0001 (Operational Guidelines for the Implementation of the Medical and Financial Assistance to Indigent and Financially-Incapacitated Patients Pursuant to Republic Act No. 11463 also known as "Malasakit Centers Act of 2019.") .

F. Quality Assurance

1. The appropriate field triage classification of a beneficiary shall be at the discretion of the trained EMT provided that they comply with applicable SOPs and guidelines, when available.

2. All PhilHealth-accredited ASPs are required to maintain the capacity to provide all services and commodities included in the package inclusions.
   a. PhilHealth-accredited ASPs shall ensure that beneficiaries do not incur out-of-pocket (OOP) expense due to stockouts or unavailability of the service.

3. PhilHealth, through its Healthcare Provider Performance Assessment System (HCP-PAS), shall employ mechanisms to ensure members receive the financial protection and quality healthcare they deserve.

4. PhilHealth-accredited ASPs shall be subject to existing monitoring policies of the Corporation.

5. PhilHealth shall also conduct periodic facility visits, document review, claims post audit, satisfaction and/or exit surveys, and other activities as may be identified by the Corporation.

G. Adjusting Package Inclusions and Case Rates

1. PhilHealth shall periodically review the list of services and commodities included in the OECB package.

2. Case rates and service/commodity inclusions may be adjusted based on:

   a. Relevant issuances from the DOH on ambulance licensing regulations;

   b. Inputs from relevant stakeholders, including medical societies, accredited providers, and patient preferences; and

   c. Price changes due to market dynamics, technological advancements, general economic inflation, and exogenous shocks such as global supply chain disruptions.

H. Monitoring and Evaluation

1. This policy issuance shall be regularly reviewed and enhanced, as necessary.

2. PhilHealth shall periodically monitor benefit utilization and its impact on out-of-pocket expenditure to assess its contribution toward achieving universal health coverage.

I. Marketing and Promotion

PhilHealth, through its Corporate Affairs Group and PhilHealth Regional Offices and its implementing units, shall employ mechanisms or a social marketing campaign to ensure that members, beneficiaries, and health care providers are aware of the new benefit package, including its updates and/or revisions, and ensure hassle-free availment of beneficiaries.

J. List of Annexes

The following annexes shall be accessible on the PhilHealth website at www.philhealth.gov.ph

Annex A: PHE Transfer Record Form
Annex B: Package Inclusions

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular, terms and conditions of the Performance Commitment, and all existing related PhilHealth Circulars shall be dealt with and penalized following the pertinent provisions of Republic Act No. 7875, as amended by Republic Act Nos. 9241 and 10606 (National Health Insurance Act of 2013) and Republic Act No. 11223 (Universal Health Care Act), and their respective Implementing Rules and Regulations.

VII. TRANSITORY CLAUSE

A. Ambulance service providers shall be allowed to submit claims manually for a period of three (3) months from the issuance of their PhilHealth Accreditation Number, in preparation for eClaims certification.

   1. The ASP shall submit a CF1 and CF2 instead of the CSF for manually submitted claims

B. The accreditation fee shall be waived for the first three (3) years of implementation of this PhilHealth Circular.

C. Sea and air ambulances shall be covered in succeeding revisions of the OECB policy.

D. In the case of a fortuitous event, PhilHealth may release a supplemental issuance detailing temporary guidelines and/or revisions as deemed necessary and appropriate.

VIII. SEPARABILITY CLAUSE

If any provision of this PhilHealth Circular is declared to be invalid, unconstitutional, or unenforceable, the remaining provisions shall not in any way be affected and shall remain enforceable.

IX. REPEALING CLAUSE

This PhilHealth Circular repeals the provisions of PC No. 2024-0033 entitled "Implementing Guidelines for the PhilHealth Outpatient Emergency Care Benefit (OECB Package)" that sets the rules and regulations for the PHE Benefit. Additionally, all other previous issuances containing provisions that are inconsistent with this PhilHealth Circular are hereby amended, modified, or repealed accordingly.

X. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect fifteen (15) days upon publication in the Official Gazette or any newspaper of general circulation. Three (3) certified copies shall be filed with the Office of the National Administrative Register (ONAR) of the University of the Philippines Law Center.

EDWIN M. MERCADO, MD, MHA, MSSc
President and Chief Executive Officer

Date signed: 10/27/2025

MASTER COPY
DC: Date: 11/3/25

Annex A: PHE Transfer Record Form

Responding Ambulance Service Provider			
Name of ASP:			ASP PAN:
Ambulance category (BLS/ALS):	With MD on board? (Y/N):		Ambulance Plate Number:
Odometer Reading Initial:_____	Upon transfer:_____		Total Distance:_____
Time of call:	Arrival at scene:		Time of transfer initiated:
I certify that the assessment done, services rendered, and that the herein information given are true and correct. _____ Responding EMT (Name and signature): _____ Official Designation/Capacity _____ Date signed			

Patient Identification			
Name of Patient:			Transaction number:
Birthday:	Age:	Sex:	PIN:
Address:			

Medical Information	
Chief Complaint: Brief History of Present Illness:	Field Triage: NOI: TOI: DOI: POI:

ABCDE Conditions	Assessment	Management
Airway		
Breathing		
Circulatory		
Disability		
Exposure		

Other significant treatments or procedures:
Vitals signs upon transfer:
Recommendations:

Receiving Hospital	
Name of Hospital:	PAN:
Address of Hospital:	
I certify that the patient was received in the condition recorded herein and that the information given are true and correct. _____ Receiving HCP (Name and signature): _____ Official Designation/Capacity _____ Time and Date signed	

MASTER COPY Date: 11/3/25 DC:

Annex B: Package Inclusions

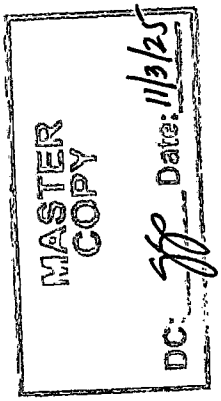
Package Inclusions	Advanced Life Support (OPER2A)
Ambulance and Personnel	1. Land Ambulance compliant with DOH AO 2018-0001 2. Emergency Medical Technician (EMT) a. Standard First Aid b. Advanced Cardiac Life Support c. EMT Training-Advanced/Paramedic Training 3. Driver a. Valid professional driver's license b. Certificate of Proficiency from TESDA (NC 11)
Ventilation and Airway Equipment	1. Suction apparatus and accessories a. Portable or Mounted Suction Machine b. Flexible suction catheters Fr. 5, 8, 12 and 14 2. Portable oxygen equipment/installed a. Portable oxygen tank with regulator b. Oxygen mask No. 2, 3 and 4 (for newborn, infant and adult) 3. Bag valve mask resuscitator with rebreather bag for adult, pediatric and infant 4. Endotracheal tubes (pedia and adult) 5. Airways (pedia and adult) 6. Nebulizer with nebulizer kit 7. Laryngoscope set (pedia and adult)
Patient Monitoring and/or Defibrillation	1. Defibrillator - Manual with cardiac monitor 2. Defibrillator pads — disposable 3. Sphygromonanometer, Nonmercurial a. Pediatric cuff b. Adult cuff 4. Stethoscope (pediatric and adult) 5. Blood Glucose Meter with strips 6. Thermometer, non-mercurial
Immobilization Devices	1. Rigid cervical collars (small, medium, large) 2. Firm padding or commercial head immobilization device 3. Lower extremity traction devices (supporting slings, padding, traction strap) 4. Upper and Lower extremity immobilization devices a. Joint above and joint below fracture b. Rigid-support appropriate material (cardboard, metal, pneumatic, vacuum, wood or plastic)—various sizes c. Resistant straps or cravats d. Orthopedic (scoop) stretcher/ Long back board
Dressings and Bandages	1. Sterile burn sheets 2. Triangular bandages 3. Sterile Dressings a. 10" x 30" or larger b. ABDs, 10" x 12" or larger c. 4" x 4" gauze sponges

Package Inclusions	Advanced Life Support (OPER2A)
Dressings and Bandages	4. Sterile gauze rolls (various sizes) 5. Non-sterile elastic bandages (various sizes) 6. Sterile occlusive dressing 3" x 8" or larger 7. Adhesive tape roll a. Various sizes of 2" or 3" hypoallergenic b. Various sizes of 2" or 3" nonhypoallergenic/ordinary
Obstetrical Delivery Set	1. Sterile delivery kit 2. Wrap / blanket for newborn
Infection Control	1. Eye protection (full peripheral glasses or goggles or face shield) 2. HEPA Masks / Surgical Masks 3. Non-sterile and Sterile Gloves 4. Jumpsuits or Gowns 5. Shoe covers 6. Hand sanitizer or 70% alcohol 7. Sharps container (puncture proof)
Miscellaneous	1. Heavy bandage or paramedic scissors for cutting clothes, belts and boots 2. Alcohol swabs 3. Heat and Cold packs or their equivalent 4. Flash lights with extra batteries and bulbs 5. Blankets, sheets, linen or paper 6. Pillows, pillow case and towels 7. Disposable emesis bags or basins 8. Bed pan 9. Urinal 10. Incontinence pads — disposable 11. Lubricating jelly
IV Therapy Supplies	1. IV Administration set (Macro/Micro) 2. IV cannula (019, 20, 21, 23, 25,26) 3. Syringes (50ml, 30ml, 10m1, 3ml 1ml)
Medicines and Fluids	1. Activated Charcoal 2. Salbutamol nebules 3. Sterile water for irrigation, 1 liter 4. Sterile water for injection, 10ml 5. Intravenous fluids a. D5 LRS 1 Liter b. D5 NSS 1 Liter c. D5 Water 1 Liter d. D5 0.3NaCl 500ml e. Plain LRS f. Plain NSS 6. Normal saline water (injectable) 7. Dextrose 50%/50ml vial 8. Plasma Expander

Package Inclusions	Advanced Life Support (OPER2A)
Medicines and Fluids	1. Atropine Sulfate 1mg/m1 ampule 2. Epinephrine 1mg/1ml tubaxes (1M, Intracardial, IV) ampule 3. Diazepam 10mg ampule/vial 4. Dobutamine 250mg ampule 5. Lidocaine 1gm/25m1 Vial 6. Adenosine 6mg/2ml ampule 7. Human Regular Insulin 1 00mg/ml vial 8. Calcium Gluconate 10% 1mg/1 Oml ampule/Vial 9. Potassium Chloride 20mg/10ml Vial 10. Diphenhydramine 50mg/ml ampule 11. Potassium Chloride 12. Furosemide 100mg/10m1 vial and 20mg/2ml ampule 13. Magnesium Sulfate 50% l gm/2ml ampule 14. Dopamine 400mg5m1 Vial 15. Sodium bicarbonate 10ml ampuleDigoxin 0.1mg/m1 ampule and 0.5mg/2ml ampule 16. Nitroglycerine spray / sublingual / patch 17. Verapamil 5mg/2ml ampule

Technical Requirements	Basic Life Support (OPER2B)
Ambulance and Personnel	1. Land Ambulance compliant with DOH AO 2018-0001 2. Emergency Medical Technician (EMT) a. Standard First Aid b. Basic Life Support c. EMT Training-Advanced/Paramedic Training 3. Driver a. Valid professional driver's license b. Certificate of Proficiency from TESDA (NC 11)
Ventilation and Airway Equipment	1. Suction apparatus and accessories a. Portable or Mounted Suction Machine b. Flexible suction catheters Fr. 5, 8, 12 and 14 2. Portable oxygen equipment/installed a. Portable oxygen tank with regulator b. Oxygen mask No. 2,3 and 4 (for newborn, infant and adult) 3. Bag valve mask resuscitator with rebreather bag for adult, pediatric and infant 4. Airways (pedia and adult) 5. Nebulizer with nebulizer kit
Patient Monitoring and/or Defibrillation	1. Defibrillator - Automated External Defibrillator (AED) 2. Defibrillator pads — disposable 3. Sphygromonanometer, Nonmercurial a. Pediatric cuff b. Adult cuff 4. Stethoscope (pediatric and adult) 5. Blood Glucose Meter with strips 6. Thermometer, non-mercurial
Immobilization Devices	1. Rigid cervical collars (small, medium, large) 2. Firm padding or commercial head immobilization device 3. Lower extremity traction devices (supporting slings, padding, traction strap) 4. Upper and Lower extremity immobilization devices a. Joint above and joint below fracture b. Rigid-support appropriate material (cardboard, metal, pneumatic, vacuum, wood or plastic)—various sizes c. Resistant straps or cravats d. Orthopedic (scoop) stretcher/ Long back board
Dressings and Bandages	1. Sterile burn sheets 2. Triangular bandages 3. Sterile Dressings a. 10" x 30" or larger b. ABDs, 10" x 12" or larger c. 4" x 4" gauze sponges 4. Sterile gauze rolls (various sizes) 5. Non-sterile elastic bandages (various sizes) 6. Sterile occlusive dressing 3"x8" or larger

Technical Requirements	Basic Life Support (OPER2B)
Dressings and Bandages	7. Adhesive tape roll a. Various sizes of 2" or 3" hypoallergenic b. Various sizes of 2" or 3" nonhypoallergenic/ordinary
Obstetrical Delivery Set	1. Sterile delivery kit 2. Wrap / blanket for newborn
Infection Control	1. Eye protection (full peripheral glasses or goggles or face shield) 2. HEPA Masks / Surgical Masks 3. Non-sterile and Sterile Gloves 4. Jumpsuits or Gowns 5. Shoe covers 6. Hand sanitizer or 70% alcohol 7. Sharps container (puncture proof)
Miscellaneous	1. Heavy bandage or paramedic scissors for cutting clothes, belts and boots 2. Alcohol swabs 3. Heat and Cold packs or their equivalent 4. Flash lights with extra batteries and bulbs 5. Blankets, sheets, linen or paper 6. Pillows, pillow case and towels 7. Disposable emesis bags or basins 8. Bed pan 9. Urinal 10. Incontinence pads — disposable 11. Lubricating jelly
Medicines and Fluids	1. Activated Charcoal 2. Salbutamol nebules 3. Sterile water for irrigation, 1 liter



Package Inclusions	Physician-managed Advanced Life Support (OPER2C)
Ambulance and Personnel	1. Land Ambulance compliant with DOH AO 2018-0001 2. Physician fee 3. Emergency Medical Technician (EMT) a. Standard First Aid b. Advanced Cardiac Life Support c. EMT Training-Advanced/Paramedic Training 4. Driver a. Valid professional driver's license b. Certificate of Proficiency from TESDA (NC 11)
Ventilation and Airway Equipment	1. Suction apparatus and accessories a. Portable or Mounted Suction Machine b. Flexible suction catheters Fr. 5, 8, 12 and 14 2. Portable oxygen equipment/installed a. Portable oxygen tank with regulator b. Oxygen mask No. 2,3 and 4 (for newborn, infant and adult) 3. Bag valve mask resuscitator with rebreather bag for adult, pediatric and infant 4. Endotracheal tubes (pedia and adult) 5. Airways (pedia and adult) 6. Nebulizer with nebulizer kit 7. Laryngoscope set (pedia and adult)
Patient Monitoring and/or Defibrillation	1. Defibrillator - Manual with cardiac monitor 2. Defibrillator pads — disposable 3. Sphygromonanometer, Nonmercurial a. Pediatric cuff b. Adult cuff 4. Stethoscope (pediatric and adult) 5. Blood Glucose Meter with strips 6. Thermometer, non-mercurial
Immobilization Devices	1. Rigid cervical collars (small, medium, large) 2. Firm padding or commercial head immobilization device 3. Lower extremity traction devices (supporting slings, padding, traction strap) 4. Upper and Lower extremity immobilization devices a. Joint above and joint below fracture b. Rigid-support appropriate material (cardboard, metal, pneumatic, vacuum, wood or plastic)—various sizes c. Resistant straps or cravats d. Orthopedic (scoop) stretcher/ Long back board
Dressings and Bandages	1. Sterile burn sheets 2. Triangular bandages 3. Sterile Dressings a. 10" x 30" or larger b. ABDs, 10"x12" or larger c. 4"x4" gauze sponges

Package Inclusions	Physician-managed Advanced Life Support (OPER2C)
Dressings and Bandages	4. Sterile gauze rolls (various sizes) 5. Non-sterile elastic bandages (various sizes) 6. Sterile occlusive dressing 3"x8" or larger 7. Adhesive tape roll a. Various sizes of 2" or 3" hypoallergenic b. Various sizes of 2" or 3" nonhypoallergenic/ordinary
Obstetrical Delivery Set	1. Sterile delivery kit 2. Wrap / blanket for newborn
Infection Control	1. Eye protection (full peripheral glasses or goggles or face shield) 2. HEPA Masks / Surgical Masks 3. Non-sterile and Sterile Gloves 4. Jumpsuits or Gowns 5. Shoe covers 6. Hand sanitizer or 70% alcohol 7. Sharps container (puncture proof)
Miscellaneous	1. Heavy bandage or paramedic scissors for cutting clothes, belts and boots 2. Alcohol swabs 3. Heat and Cold packs or their equivalent 4. Flash lights with extra batteries and bulbs 5. Blankets, sheets, linen or paper 6. Pillows, pillow case and towels 7. Disposable emesis bags or basins 8. Bed pan 9. Urinal 10. Incontinence pads — disposable 11. Lubricating jelly
IV Therapy Supplies	1. IV Administration set (Macro/Micro) 2. IV cannula (019, 20, 21, 23, 25,26) 3. Syringes (50ml, 30ml, 10m1, 3ml 1ml)
Medicines and Fluids	1. Activated Charcoal 2. Salbutamol nebules 3. Sterile water for irrigation, 1 liter 4. Sterile water for injection, 10ml 5. Intravenous fluids a. D5 LRS 1 Liter b. D5 NSS 1 Liter c. D5 Water 1 Liter d. D5 0.3NaCl 500ml e. Plain LRS f. Plain NSS 6. Normal saline water (injectable) 7. Dextrose 50%/50ml vial 8. Plasma Expander

Package Inclusions	Physician-managed Advanced Life Support (OPER2C)
Medicines and Fluids	1. Atropine Sulfate 1mg/m1 ampule 2. Epinephrine 1mg/1ml tubaxes (1M, Intracardial, IV) ampule 3. Diazepam 10mg ampule/vial 4. Dobutamine 250mg ampule 5. Lidocaine 1gm/25m1 Vial 6. Adenosine 6mg/2ml ampule 7. Human Regular Insulin 1 00mg/ml vial 8. Calcium Gluconate 10% 1mg/1 Oml ampule/Vial 9. Potassium Chloride 20mg/10ml Vial 10. Diphenhydramine 50mg/ml ampule 11. Potassium Chloride 12. Furosemide 100mg/10m1 vial and 20mg/2ml ampule 13. Magnesium Sulfate 50% l gm/2ml ampule 14. Dopamine 400mg5m1 Vial 15. Sodium bicarbonate 10ml ampule 16. Digoxin 0.1mg/m1 ampule and 0.5mg/2ml ampule 17. Nitroglycerine spray / sublingual / patch 18. Verapamil 5mg/2ml ampule