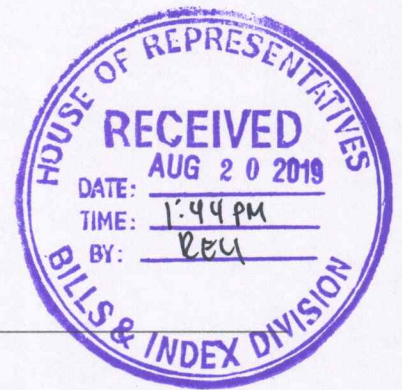


HOUSE OF REPRESENTATIVES
Quezon City

Eighteenth Congress
First Regular Session

HOUSE BILL NO. 4045



Introduced by Rep. Bernadette Herrera-Dy

AN ACT REQUIRING THE PLACEMENT OF AUTOMATED EXTERNAL DEFIBRILLATORS (AED) AND THE CREATION OF AN EMERGENCY RESPONSE TEAM FOR MEDICAL EMERGENCIES IN ALL OFFICES, SCHOOLS, WORKPLACES, GOVERNMENT OFFICES/AGENCIES, AND OTHER SIMILAR INSTITUTIONS FOR THE PURPOSES OF A NATIONAL AED PROGRAM

Explanatory Note

The Department of Health determined that 170,000 Filipinos die annually from diseases of the heart. It was reported that half of these recorded deaths are due to sudden cardiac arrest or SCA. The public's lack of knowledge on how to give good CPR (cardiac pulmonary resuscitation) serve to be detrimental to emergency situations. According to Tim McGough, a licensed paramedic, only 25 percent of the victims get CPR from a bystander before trained help arrives. Also, in emergency response for SCA, it is very important to get an automatic external defibrillator (AED) to the patient's side as fast as possible. It is said that this will help emergency responders achieve the right compression depth and rate.

According to the American Health Association (AHA), AEDs make it possible for more people to respond to a medical emergency where defibrillation is required. AEDs are also portable and can be used by nonmedical people. This means that police, fire service personnel, flight attendants, security guards, and other lay rescuers who have been trained in CPR can use AEDs. AHA also differentiated signs of a heart attack and cardiac arrest. A heart attack occurs when a blocked artery prevents oxygen-rich blood from reaching a section of the heart. Symptoms start slowly and persist for hours to weeks, before a heart attack happens. On the other hand, cardiac arrests are triggered by an electrical malfunction in the heart that causes an irregular heartbeat or arrhythmia. It also occurs suddenly and often without warning. According to the University of Pennsylvania, "having more people in the community who can respond to a medical emergency by providing defibrillation will greatly increase sudden cardiac arrest survival rates." However, there is no national law that requires the need for AED units in establishments in the Philippines.

According to the Philippine Statistics Authority, about 74,134 cases of the total 582,183 deaths in 2016 were caused by cardiovascular or heart disease. This is also equivalent to 12.7 percent, making it the top killer disease among Filipino men and women. It is determined by the American Heart Association, that for each minute that passes without CPR and proper defibrillation, "the chance of survival decreases 7 to 10 percent." Also, only approximately 5 percent of sudden cardiac arrest victims survive in environments with no established AED programs. It is the responsibility of the state to prioritize the safety and health of its citizens. By effectively implementing a program to manage medical emergencies such as SCA and to train individuals to acquire skills for emergency response and the use of medical equipment, more people are given a higher chance of survival.

It is a universally accepted fact that prevention is better than cure. Thus, it is only necessary for the government to subject all establishments under a National AED program to ensure people's

safety in all private and public areas in the Philippines.

To this end, the state shall pursue a policy requiring the placement of automated external defibrillators (AED) and the creation of emergency response teams for medical emergencies in all offices, schools, workplaces, government offices/agencies, and other similar institutions for the purposes of a National AED Program

In view of the foregoing, the passage of the bill is earnestly sought.


BERNADETTE HERERRA-DY

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Section 1. Short Title. This Act shall be known as the “National AED Program Act of 2019.”

Section 2. Declaration of Policy. The state shall protect and safeguard the health and well-being of its citizens. The public shall be equipped with the necessary skills for emergency response and shall be provided with adequate medical assistance in both private and public spaces.

This bill seeks to implement a National AED Program that shall guide establishments to improve all areas of emergency response towards a safe and risk-free environment for all.

Section 3. Definition of Terms. For the purpose of this Act, the following terms shall mean:

- a) **Automated external defibrillator (AED)** - is a lightweight, portable device that delivers an electric shock through the chest to the heart. The shock can potentially stop an irregular heart beat (arrhythmia) and allow a normal rhythm to resume following sudden cardiac arrest (SCA).
- b) **AED Program** - Public access defibrillation programs that place automated external defibrillators (AEDs) in areas where cardiac arrests may occur can reduce the response time up to three to five minutes.
- c) **Emergency First Aid** – is the first response to a life-threatening (or limb-threatening) medical emergency, either an illness or an injury. It's often called first responder training. This type of first aid includes victim assessment, what to do for a heart attack, stroke wounds, and burns, CPR, clearing an airway obstruction, responding to anaphylactic shock, splinting a broken bone, and severe bleeding control.

Section 4. Scope. This Act shall be applicable to all offices, schools, workplaces, government offices/agencies, and other similar institutions. The aforementioned shall be required to provide automated external defibrillators in their facilities and create an emergency response team that shall be deployed in emergency situations. The Department of Health (DOH) shall prescribe guidelines for the implementation of the AED program.

Section 5. Requirements of AED Placement. All offices, schools, government buildings, workplaces and other similar institutions shall be equipped with automated external defibrillators in its premises. These shall be placed in key areas and must be accessible to both the employees and the public. The following requirements shall be followed in these places:

- a) It is universally proven that a three-minute response time must be achieved from the collapse of a victim to arrival of the AED unit. Establishments must consider the response time and identify the best locations with the fastest access to the most people in accordance to their floor plan and with consideration to possible delays. AED must be mounted on a wall and visible for all. At the same time, these locations shall be known by all the staff or can be advised of. Some key areas to be considered can be the main receptionist area, cafeteria, clinics, first aid station, fitness room/gym, meeting rooms, or security posts.
- b) Large facilities such as office complexes, high-rise buildings, and multi-floor locations shall have at least one (1) AED per floor in accordance to the calculated response time.
- c) Hard to access areas should have its own AED unit. These include areas that require a key or areas that are highly sensitive and/or off-limits to the majority of staff.
- d) Areas where there are "high risk" activities must be identified. Health/exercise facilities, places with high physical activity such as swimming pools, sports facilities, gymnasiums, exercise areas, and other similar areas shall have at least one (1) AED unit.

In accordance with the guidelines that shall be created by the Department of Health (DOH), these plans must be submitted and assessed by LGUs where the business, school, office, or building is registered.

Section 6. Mandatory Emergency Response Personnel. Offices, schools, workplaces, government offices/agencies, and other similar institutions shall create an emergency response team composed of medically trained personnel and/or those that are knowledgeable on emergency first aid. They shall be prepared and deployed in all medical emergencies within their jurisdiction. They shall be sufficiently educated about the importance of AED and shall be in-charge of establishing emergency plans and programs. A medical professional shall oversee the response team to guide them in the planning and implementation of the program.

In case all existing employed personnel are not trained in this field, the institution shall employ individuals specifically for their emergency response team. Despite having its own emergency response team, all in-house personnel shall be adequately trained for emergency situations to provide adequate support and response in emergencies.

Section 7. Awareness Campaign. Establishments shall provide information to all employees and personnel regarding AED units installed in the premises. At the same time, the public shall also be made aware of these locations. These can be done through internal newsletters, signage, posters, floor plans, and various media to identify where the devices are located.

Section 8. Maintenance of AED Units. AED units shall undergo an ongoing maintenance routine. These units shall be inspected weekly to ensure they are working correctly. The inspection shall be accompanied by regularly scheduled and more-detailed inspections as per the device's manufacturer or manual.

Section 9. Emergency First Aid Training and Education. The Department of Health (DOH), the Department of Education (DepEd), the Commission Higher Education (CHED), the Department of Labor and Employment (DOLE), local government units (LGUs), barangays, workplaces, and the academe shall provide an avenue for the education and/or practical learning of skills on how to manage any Emergency First Aid situation, including life-saving skills such as CPR (Cardio Pulmonary Resuscitation), actions for other medical emergencies, and the use of appropriate medical equipment such as AED. These may include but are not limited to simulations, seminars, inclusion in the curriculum, short courses, and other media.

1 **Section 10. *Fund Sources.*** The amounts necessary to implement this Act shall be included in
2 the annual General Appropriations Act.

3 **Section 11. *Implementing Rules and Regulations.*** Within ninety (90) days from the effectivity
4 of this Act, the Department of Health (DOH), the Department of Education (DepEd), the
5 Commission on Higher Education (CHED), the Department of Labor and Employment (DOLE),
6 and local government units, in consultation with appropriate government agencies and other
7 stakeholders, shall promulgate the necessary rules and regulations to implement this Act.

8 **Section 12. *Separability Clause.*** If, for any reason or reasons, any part of the provision of this
9 Act shall be held to be unconstitutional or invalid, other parts or provisions hereof which are not
10 affected thereby shall continue to be in full force and effect.

11 **Section 13. *Repealing Clause.*** All laws, decrees, orders, rules, and regulations, or parts thereof,
12 inconsistent with the provisions of this Act are hereby repealed, amended, or modified
13 accordingly.

14 **Section 14. *Effectivity Clause.*** This Act shall take effect after fifteen (15) days following its
15 publication in the Official Gazette and at least two (2) newspapers of general circulation.

16 ***Approved,***