

**Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila**

**NINETEENTH CONGRESS
1st Regular Session**

House Bill No. 6613



**Introduced by Representative IRENE GAY F. SAULOG
KALINGA PARTY-LIST**

EXPLANATORY NOTE

Article XIII Sec. 11 of the 1987 Philippine Constitution mandates the State to adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all people at affordable cost.”

Every year it is estimated that around 50% of deaths in the Philippines caused by cardiovascular diseases happened as sudden cardiac arrest, and these cases were mostly witnessed by a family member outside of hospital or any medical facility. Only 4-6% of these sudden cardiac arrest cases survive due to the fact that majority of those who witness the same do not know how to perform CPR.

In addition, deaths occurring in the household or out of hospital commonly include victims of foreign body obstruction in airway (choking), electrocution and burns, poisoning, fall, drowning and other traumatic injuries.

Despite the advances in medical technology to address acute and emergency medical situations, Sudden Cardiac Arrest remains to be a major public health problem.

Problems associated with the delays in the performance of cardiopulmonary resuscitation (CPR) and treatment among victims of sudden cardiac arrest often face two paths, one leading to death, and the other one-a life with lingering and long term severe mental impairment.

While death is certain, there are cases when it can be prevented through proper intervention of a trained individual. By making Philippines to be “CPR-ready”, these deaths arising from sudden cardiac arrest may be lowered as the victim who timely received this important tool of life support will have a better chance to survive and reach the hospital alive as compared to someone who did not receive CPR.

The current global figures showing that 53 percent of all out-of-hospital cardiac arrest cases were witnessed by a bystander but only 36 percent of these cases received CPR, making survival rate to hospital admission at 23. 8 percent.

In exerting efforts to help trim down the number of deaths caused by out-of-hospital cardiac arrest where 80% occur at homes, the Philippine Heart Association (PHA) promotes the use of Cardiac Pulmonary Resuscitation (CPR) which is proven to be a very useful tool in saving lives.

However, it must be stressed that CPR must be properly taught and thus calls for proper training and program. CPR must begin almost immediately within 5 minutes after cardiac arrest in order to prevent or minimize brain death in the patient. The goal of CPR is to preserve brain function and prevention of death.

This life-saving measure remains to be the best treatment for cardiac arrest until the arrival of Advanced Cardiovascular Life Support. The value of being able to perform CPR at the earliest time for a patient having a cardiac arrest is to “buy-time” and maintain essential blood circulation in the body.

CPR is and will remain to be the most cost-efficient tool as a lifesaving measure and can be learned basically by anyone. A person, need not be a doctor or a medical professional in order to learn how to do CPR for it does not require any specialized medical skills to do it.

Being an essential lifesaving tool, it is imperative that every Filipino Family in a household must have at least one member who has knowledge and training on how to perform it in emergency situations. This bill aims to be the first step towards the goal of having a CPR ready Philippines by training young men and women in Grade 12 on how to perform Basic Life Support and CPR as part of secondary education curriculum.

In line with the policy of the State aimed at the preservation of life and promotion of health awareness as well as the improvement of the country’s health care system, we seek the swift approval of this bill.


REP. IRENE GAY F. SAULOG
Kalinga-Party List

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House Bill No. **6613**

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AN ACT

Mandating the Institutionalization, Development, Training, Organizations and Administration of Basic Life Support as part of curriculum in basic education among Grade 12 students in both Public and Private Educational Institutions, and Appropriating Funds Therefor

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

Section 1. Short Title. - This Act shall be known as “First Responder in the Family Act of 2023”

Section 2. Declaration of Constitutional Policy. - It is hereby declared as policy of the State to protect the right to health of the Filipino people and promote health education to instill health consciousness among young Filipinos for every household. Pursuant to this national policy, the government shall institutionalize a comprehensive training program for Basic Life Support and CPR in Grade 12 as part of curriculum in both public and private schools.

Section 3. Coverage. - The conduct and training and development under this Act shall apply to all students in Grade 12 in all senior high schools in public and private educational institutions.

Section 4. Objectives. - In support of State policy, this Act:

a. Mandates the training, development and institutionalization of Basic Life Support and CPR in Grade 12 or its equivalent in senior high school in both public and private educational institutions.

b. Create a committee for the formulation of a standard program to be part of the curriculum.

c. Ensures that the student trainees will learn Basic Life Support and CPR from the educational institution implementing the program.

d. Ensures that most, if not all Filipino household will have a family member who is trained to perform Basic Life Support and CPR.

Sec. 5 Definition of Terms. - For purposes of this Act, the following terms are hereby defined:

a. Acute Medical Emergency – refers to an acute injury or illness that poses an immediate threat to a person’s life which may or may not bring a long-term health complication and requires immediate medical attention in order to preserve life, function and quality of the same.

b. Automated External Defibrillator (AED) is a portable device used to help those experiencing sudden cardiac arrest. A medical device that can analyze the heart's rhythm and, if necessary, deliver an electrical shock, or defibrillation, to help the heart re-establish an effective rhythm.

c. Basic Life Support - refers to the level of medical care that is given to victims with life-threatening injuries or illnesses until they can be transferred to a hospital to receive full medical care which can improve the chances of survival.

d. Cardiopulmonary Resuscitation (CPR) – is an emergency lifesaving procedure performed when the heart stops beating by a trained individual by preserving blood circulation and oxygen in the vital parts of the body.

e. Emergency Medical Services (EMS) refer to the network of services coordinated to provide aid and medical assistance from the scene to the most appropriate and definitive health facilities, involving personnel trained in stabilization, transportation, and treatment of trauma or medical cases in the pre-hospital setting.

f. First Responder in Family – is an individual who received training in the performance and principles of Basic Life Support including CPR among the members of a household.

g. Inter-Agency Referral and Transport. - refers to the transport of patient with EMS personnel, if necessary, from one referring facility or agency to another receiving facility or agency for definitive care, as the patient requires, in an event that the services are not available in the referring facility.

CHAPTER II

First Responder in the Family

Sec. 6. First Responder in Family. - This Act mandates all public and private educational institutions to adopt the training program as determined by the committee created under this Act to be part of the subjects as requisite for graduation.

Sec. 7. First Responder in Household health emergency. - This Act ensures the availability of a First Responder in a household who has basic knowledge and received proper training in

dealing an emergency health situation occurring in the household who shall follow the basic guidelines on emergency response and care.

Sec. 8. Inter-Agency – Referral and Transport. - This Act shall establish the prescribed protocols/guidelines on inter-agency referral and transport.

Sec. 9. Creation of First Responder in Family Committee. - The First Responder in Family Committee is hereby created under the leadership of Department of Education in cooperation with the Department of Health in the formulation of the program.

Sec. 10 Membership of the First Responder in Family Committee. - The members of the First Responder in Family Committee shall be composed of the Secretary of Education as Chairperson and the Secretary of DOH as co-chairperson with the following:

a. Permanent Members

- i. The Commissioner of the Commission on Higher Education
- ii. The Medical Director of the Philippine Heart Center
- iii. The Secretary of Department of Interior and Local Government
- iv. The Director of the Bureau of Fire Protection

b. Members to be appointed by the Secretary of the DOH upon nomination by their respective associations

i. Two (2) nominees each of a national organization duly registered with the Securities and Exchange Commission (SEC) and recognized by the DOH representing the:

- a. EMT profession;
- b. Nursing profession with at least 2 years of experience in the emergency room;

ii. Two (2) registered emergency medical practitioners representing Philippine College of Emergency Medicine (PCEM)

iii. One (1) representative from the Philippine Red Cross

Sec. 11. Term of Office. - Each member of the First Responder in the Family Committee shall not serve for more than three (3) consecutive terms. A term shall be for a period of two (2) years.

Sec. 12. Functions. - To fulfill its mandate, the First Responder in Family Committee shall exercise the following functions:

a. Ensure the creation and establishment of a standardized program which will form part of the basic educational curriculum in Grade 12 or senior high school year in both public and private schools.

b. Determine the staffing, duties, qualifications, responsibilities, and functions of the Secretariat.

c. Determine the minimum qualifications of training personnel who shall handle the training program for the students in Grade 12 in line with the standard program set by the committee.

d. Ensure that the standardized program is up to date with universally accepted and established changes in the algorithms of performing CPR and other Basic Life Support measures.

Sec. 13 The Secretariat. - The First Responder in Family Committee shall organize a Secretariat headed by a person of probity and shall have at least three (3) years of experience in emergency medical services or a related field.

Sec. 14 Meetings. - The First Responder in Family Committee shall meet at least once every quarter and as needed.

Chapter III

Establishment of First Responder in Family Training Program

Sec. 15. First Responder in Family Training Program. - There is hereby established a mandatory one (1)-year First Responder in Family Training Program covering the Basic Acute and Emergency Care and Treatment for students enrolled in Grade 12 which shall form part of the basic curricula for Senior High School Education in public and private educational institution pursuant to the provisions of the 1987 Constitution, with the objective of mitigating the mortality and development of future severe health cases occurring within the family or household of the student by identifying acute and emergency health cases within the said household caused by accidents, illness, diseases and other life threatening situations which require immediate life-saving medical intervention. The program is aimed to preserve human lives, as well as promote and maintain a safe environment within the household.

Sec. 16. Programs of Instruction. - The First Responder in Family Training shall include the following programs of instruction:

a. Enhancing the consciousness of students in the ethnic of service, respect for human rights, preservation of family ties, appreciation of the role of national heroes in the historical development of the country, strengthen the spirit of altruism and selfless devotion aimed in serving other people in need.

b. Promote awareness among the students the signs and presence of the perils of life brought by accidents, diseases and similar situations which may lead to an emergency situation in the household.

Sec. 17. Students Exempted from this Act. - The following may be exempted from the coverage of this Act:

a. Those who are physically and psychologically unfit, as certified by the medical doctor upon verification by the educational institution where the student is enrolled.

b. Those who may be exempted from training for valid reasons as approved by the educational institution, upon recommendation by any educational institution.

Sec. 18. Incentives for Undergoing the Program. -

a. Students undergoing the program and finished with exemplary performance shall qualify and enjoy the following incentives:

i. Endorsement by the Secretary of Health for scholarship in state universities offering advanced medical related courses such as but not limited to Medicine and Nursing.

ii. Endorsement by the Secretary of health for either full or partial scholarship of the student who wishes to enter advanced medical related courses as aforementioned in private tertiary educational institutions offering the said courses.

Sec. 19. Liability of the Educational Institution. - The instructor or faculty-in-charge of the First Responder in Family Training Program shall be responsible for monitoring the activities involved in the training facility or institution. The instruction or the faculty-in-charge must be a duly recognized active member, in good standing, of the faculty at the school in which the course is being implemented.

**Chapter IV
Other Provisions**

Sec. 20. Funding. - The funding requirement to implement the establishment, maintenance and operations of the First Responder in Family Training Program shall be included in the budget of the implementing agencies / department in the annual General Appropriations Act.

Sec. 21. Separability Clause. - If any provision of this Act is held invalid or unconstitutional, the other provisions not so declared shall remain in force and effect.

Sec. 22. Repealing Clause. - Pertinent provisions of all other laws, decrees, executive orders and rules and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed or amended accordingly.

Sec. 23. Effectivity. - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,