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# GOVERNMENT NOTICE

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## DEPARTMENT OF HEALTH

No. R. 585

24 July 2014

### NATIONAL HEALTH ACT, 2003 (ACT NO. 61 OF 2003)

#### EMERGENCY MEDICAL SERVICES REGULATIONS

The Minister of Health intends, in terms of section 90(1)(m) of the National Health Act, 2003 (Act No. 61 of 2003), to make the regulations in the schedule.

Interested persons are invited to submit any substantiated comments on the proposed Regulations, or any representations they may wish to make in regard thereto, to the Director-General: Health, Private Bag X828, Pretoria, 0001 – for the attention of the Director: Emergency Medical Services within three months of this notice.

#### SCHEDULE

##### 1. DEFINITIONS:

For the purpose of these regulations, unless the context otherwise indicates:

**“Licensed Emergency Medical Service”** means an emergency medical service accredited by the in terms of these regulations.

**“Adverse Patient Incident”** means an event or circumstance that leads to unintended harm, suffering, illness or injury of a patient.

**“Ambulance Emergency Assistant (AEA)”** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974 (Act no.56 of 1974).

**“Advanced Life Support (ALS)”** A level of care that consists of invasive life-saving procedures including, but not limited to, advanced airway management, mechanical ventilation, intravenous (IV) access and fluid

administration, emergency cardiovascular care, administration of various medications according to predetermined protocols, electrocardiogram (ECG) interpretation and management of life-threatening dysrhythmias, manual defibrillation and transcutaneous pacing.

**“Ambulance”** means a vehicle licensed under the Road Traffic Act as such, designed or adapted for the treatment and conveyance of patients in an emergency care situation, marked as such, appropriately equipped, and staffed with a minimum of two emergency care providers.

**“Ambulance Service”** means an Emergency Medical Service and vice versa.

**“Ambulance Service Manager”** means a person contemplated in regulation 17.

**“Base”** means a self-contained facility for the housing of emergency vehicles, personnel and associated rescue equipment.

**“Basic Ambulance Assistant (BAA)”** means a person registered as such with the Health Professions Council of South African terms of the Health Professions Act, 1974 (Act no.56 of 1974).

**“Basic Life Support (BLS).”** means a level of medical care that consists, primarily, of non-invasive life-saving procedures including CPR with the use of an AED (automated external defibrillator), basic airway management, administration of oxygen with/out manual bag-mask ventilator, control of bleeding, basic treatment of shock and poisoning, stabilisation of injuries and/or wounds and basic first aid until the patient can be given more advanced care or be transported to an appropriate health establishment.

**“Committee”** means the EMS Advisory Committee appointed in terms of regulation 7.

**“Consulting medical practitioner”** means a registered medical practitioner with demonstrative emergency medicine experience employed or retained by an emergency medical service in a consulting clinical control capacity, who is consulted by emergency care providers as and when required.

**“Disaster”** means a progressive or sudden, widespread or localised natural or human made occurrence in an urban, peri-urban or rural area which;

- a. causes or threatens to cause -
  - i. death, injury or disease;
  - ii. damage to property, infrastructure or the environment; or
  - iii. disruption to a community; and
- b. is of a magnitude that exceeds the ability of the Province or a municipality within the Province affected by the disaster to cope with its effects using only its resources.

**“Emergency Care”** means the rescue, evaluation, treatment and care of an ill or injured person in an emergency care situation and the continuation of

treatment and care during the transportation of such person to or between health establishment(s);

**“Emergency care situation”** means circumstances during which an ill or injured person or is for some other reason in mortal danger and in need of emergency care.

**“Emergency Care Assistant (ECA)”** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974 (Act no.56 of 1974).

**“Emergency Care Technician (ECT)”** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974 (Act no.56 of 1974).

**“Emergency Care Practitioner (ECP)”** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974 (Act no.56 of 1974).

**“Emergency Medical Service”** means any private or state organisation which is dedicated, staffed & equipped to offer:

- a) the pre-hospital medical treatment and the transport of the ill and/or injured, and where appropriate
- b) the inter-health establishment referral of patients requiring medical treatment en-route,
- c) pre-hospital emergency medical services for events,
- d) the medical rescue of patients from a medical rescue situation;

**“Emergency Medical Service Communications System”** means any system established, which serves as a central communications system to co-ordinate the personnel and resources of an emergency medical service and which;

- a) utilises a publicised emergency telephone number; and
- b) has direct communications with personnel and resources.

**“Emergency Medical Services Manager”** means a person duly appointed as the responsibility manager for the service and who is registered with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974 (Act no.56 of 1974).

**“Emergency Medical Services Personnel”** means personnel appropriately registered with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974 (Act no.56 of 1974).

**“Event Medical Service Provider”** means a licensed Emergency Medical Service appointed by an event organiser to be responsible for the provision and coordination of health and medical services for an event, where such event requires or than only first aid services and who is experienced in the management of health and medical services at similar events.

**“Head of Department”** means the Accounting Officer for the Provincial Health Department.

**“Health Professions Council of South Africa (HPCSA)”** means the statutory body established in terms of the Health Professions Act, 1974 (Act no.56 of 1974).

**“Intermediate Life Support (ILS)”** means a level of medical care which wholly encompasses basic life support with additional essential advanced techniques and administration of a limited number of medications

**“Inspecting Officer”** means a person employed with, or appointed by, the Provincial Health Licence and Inspectorate Authority.

**“Licence”** means the licence issued in terms of these regulations which authorises the provision of an emergency medical service.

**“Licensing and Inspectorate Authority”** means the provincial Health component appointed by the Head of Department for the inspection of health establishments.

**“Mass Casualty Incident”** means a single geographically focused event, which produces of a sufficient number and severity that special operations are required at the scene.

**“Medical Practitioner”** means a person registered as such in terms of the Health Professions Act, 1974 (Act no.56 of 1974).

**“Medical Rescue”** is defined as access and the release and/or extrication of a person requiring, or who may require, medical attention or treatment from a confined position or from a position of entrapment or other situation which threatens the health of an individual or community.

**“Medical Rescue Vehicle”** means a vehicle designed and adapted to convey specialist rescue personnel and equipment to release a patient from a medical rescue situation, and which is staffed by a minimum of two emergency medical services personnel, both trained at least in basic medical rescue.

**“Medical Response Service”** means a person or organisation which operates medical response vehicles, of which such service must belong to a licensed emergency medical service or have a service level agreement with a licensed emergency medical service.

**“Medical Response Vehicle”** means an appropriately equipped non-patient carrying vehicle designed and adapted to convey specialist medical equipment and respond to a patient in an emergency care situation and which is staffed with emergency medical services personnel.

**"MEC"** means the Provincial Minister of Health or Member of Executive Council for Health.

**"Paramedic"** means a person registered with the Health Professions Council of South Africa as a Paramedic in terms of the Health Professions Act, 1974 (Act no.56 of 1974).

**"Professional Board"** means the Professional Board for Emergency Care established in terms of section 15 of the Health Professions Act, 1974 (Act no.56 of 1974).

**"Response time"** means the period from the time a call is received to the time that the first medical responder arrives at the patient.

**"Responsible person"** means the person, or the nominee in the case of a company or an association of persons (whether corporate or not) or governmental organisation, who establishes, extends, conducts, maintains or renders an emergency medical service.

**"Scope of Practise"** means regulations published by the National Minister in terms of section 33(1) of the Health Professions Act, 1974 (Act no.56 of 1974) defining the scope of the profession of Emergency Care providers.

**"Training Institution Medical Vehicle"** means an ambulance, medical response vehicle or medical rescue vehicle which belongs to an Emergency Care training institution accredited by the Health Professions Council of South Africa and which is linked to a licensed emergency medical service or has a service level agreement with a licensed emergency medical service.

## 2. APPLICATION OF REGULATIONS

- (1) These Regulations apply to:
  - (a) all public and private emergency medical services operating in the Republic of South Africa, excluding the South African National Defence Force;
  - (b) The South African Military Health Services when providing a service within the civilian environment to non-military patients.

## 3. LICENSING

- (1) No person, organisation or sphere of government shall establish, extend, operate, conduct, maintain, manage, control or render:
  - (a) an emergency medical service;
  - (b) an aero-medical service;
  - (c) an event medical service;

- (d) a medical rescue service;
- (e) a medical response service; or
- (f) a training institution emergency medical service vehicle; or
- (g) extend or alter such service(s); or
- (h) change ownership, rename, relocate or permanently relocate resources,

unless such an emergency medical service has been licensed in accordance with the provisions of these regulations and the responsible person is in possession of a valid licence issued to him in respect thereof by the Head of Department.

- (2) No Licence shall be issued unless the following have been complied with:
- (a) The service(s) has been inspected by an inspecting officer and found to be suitable and adequate for the purposes of providing a service in respect of the licence application.
  - (b) The service must be supervised by an emergency medical services manager.
  - (c) The service must have a base solely dedicated for the service in the applicable area from which it operates and must have a communications system to receive requests for assistance and to remotely manage its resources.
  - (d) The staff, vehicles, and equipment comply with the minimum prescribed requirements as determined in Annexures A and B.
  - (e) There are available sluice facilities with which to clean contaminated equipment and linen.
  - (f) There is available vehicle washing facilities which have the appropriate medical waste traps built in.
  - (g) There is an adequate medical waste management system.
  - (h) Where private sector services, the applicant must be registered as a company in terms of the Companies Act, 71 of 2008.
  - (i) The vehicles meet the prescribed road traffic legislation.
  - (j) Each vehicle of the service used as an ambulance, response vehicle or rescue vehicle must be clearly marked as such.

- (k) The ratio of ambulances to response or rescue vehicles must be one ambulance to one response or rescue vehicle, including those vehicles from other services with whom a service level agreement has been entered into.
- (l) All relevant legal requirements have been complied with.
- (m) Proof of liability insurance cover must be available for the said emergency medical service.
- (n) A consulting medical practitioner with suitable emergency medicine experience is appointed or contracted by the service.

#### **4. APPLICATION FOR A LICENCE**

- (1) A person or organisation who, or a government department which, wishes to obtain a licence referred to in regulation 3. above, must submit an application on the prescribed form (Annexure C) to the Head of Department for the Province where the service will operate. An application must be on the appropriate prescribed form and must be accompanied by all required supporting documents and the prescribed application and inspection fees (Annexure D), based on the number of premises and vehicles to be inspected.
- (2) An application submitted in terms of sub-regulation 4(1) above must be an original application delivered by hand or by registered mail to the Head of Department.
- (3) An applicant may withdraw the application at any time before it has been evaluated by the Committee. However, should an applicant withdraw the application after the Committee has considered it the application fee will be forfeited.
- (4) Applications received without the proof of payment of the application fee won't be processed until such time that payment is made. Should payment not be made within 30 days of submission of the application such application shall be rejected.

#### **5. PROCESSING OF APPLICATIONS**

- (1) On receipt of the application, the Head of Department shall issue the applicant, by registered mail, with a receipt of submission of the application dated the day the application was received.
- (2) The Head of Department must within 30 days of receipt of an application contemplated by regulation 4, review the application to determine whether it has been properly completed or whether any additional information is required.

- (i) If the Head of Department considers that the application has been properly completed he/she must submit, within the 30 day period, cause an Inspecting officer to inspect the ambulance service concerned as contemplated in regulation 6 and such inspection shall be carried out within 30 days of receipt of the instruction.
- (ii) If the Head of Department considers that the application has not been properly completed or that any additional information is required, the applicant must be informed in writing of the incompleteness of the application and request the applicant to correct such incompleteness or supply the additional information required, as the case may be, by a specified date.
- (iii) If an applicant fails to complete an application or to supply any additional information by the date specified by the Head of Department in terms of sub-regulation 5(2)(ii) above, the applicant will be regarded as having withdrawn the application.

## 6. INSPECTION

- (1) The Head of Department shall direct the Licensing and Inspection Authority to perform an inspection, within 30 days.
- (2) Subject to patients' rights to privacy and confidentiality, the owner(s) of an emergency medical service or any other person responsible for the management or control thereof or who is in charge of the services thereof must render to an inspecting officer acting in terms of regulation 6. (1) and 16. all information that the officer may require with regard to the organisation and management of that emergency medical service, including the accommodation, care and treatment of the patients. All registers, clinical records and any other records in connection with patients and staff and vehicles must also be available for inspection. The inspecting officer may call for any other information, including but not limited, to service performance data.
- (3) Subject to patients' rights to privacy and confidentiality, a person may not in any way obstruct any inspecting officer from carrying out her or his inspection or refuse to furnish to the best of her or his knowledge any information requested by that officer or to show any vehicle, apparatus, place, thing or to unlock any cupboard or storage compartment or area.
- (4) The Licensing and Inspectorate Authority must within 30 days of the completion of an inspection by a duly authorised inspecting officer submit a written report on the findings to the EMS Joint Advisory Committee.



## **7. EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE**

- (1) The Head of Department must appoint a Committee to evaluate applications and make recommendations to the Head of Department and such committee shall be known as the "Emergency Medical Services Advisory Committee. The Head of Department shall determine the terms of reference of the Committee.
- (2) The Committee must also advise the Head of Department on all matters concerning licensing.
- (3) The Committee must be comprised of not more than 8 people with extensive experience in emergency medical service, of which one must be nominated as the Chairperson and one as the Vice-Chairperson.
- (4) The members not employed by the State shall be entitled to remuneration and allowances determined by the MEC in concurrence with the provincial MEC of Finance.
- (5) The Committee may only meet if it has a quorum of at least 3 members plus the Chairperson.
- (6) In the absence of the Chairperson the Vice-Chairperson shall assume the Chair of the Committee.

## **8. APPOINTMENT OF EMS ADVISORY COMMITTEE MEMBERS**

- (1) The Head of Department shall appoint the EMS Advisory Committee in writing within one month of the promulgation of these regulations.
- (2) A person appointed in terms of regulation 7 to the Committee must:-
  - (a) Within 14 days of receiving notice of his or her appointment on the Committee and acceptance of such nomination or appointment, submit a written declaration to the Head of Department which must contain:
    - (i) any financial or other interest which are or could be related or are in conflict with such appointment; and
    - (ii) relevant information about any conviction for a Schedule 1 offence in terms of the Criminal Procedure Act, 1977 (Act No 51 of 1977).
- (3) Failure to submit the declaration contemplated in sub-regulation (a) above will result in the appointment being revoked.
- (4) At such time as a member of the Committee experiences a change in financial or other interests which might affect the ability of the member to consider any matter impartially, such a member must, within 10 days

from the date of the changed circumstances submit a written notice of such change of financial or other interests to the Head of Department, failure may result in the appointment of the member being revoked.

- (5) Any declaration submitted shall be for the sole purpose of determining whether such financial or other possible conflicts of interest may preclude the appointment or continuing in office of the appointee as a member of the Committee.
- (6) The Head of Department shall ensure that any declaration submitted is confidential in nature and not subject to public disclosure.
- (7) No member of the Committee may use his or her appointment as a member of the Committee to promote any financial or other interest of any person in relation to emergency medical services.
- (8) Where a member of the Committee or a member of his or her family or a business associate has a current or potential financial or other conflict of interest, such member must timeously recuse himself or herself from any proceedings where such conflict of interest could arise.
- (9) Any member of the Committee who fails to give truthful answers or provide the full declaration of financial or possible conflicts of interest or uses his or her appointment as a member of the Committee to promote any financial or other interest of any person or fails to recuse himself or herself as contemplated in sub-regulation (g) of shall be guilty of an offence and shall:
  - (a) forthwith cease to be a member of the Committee; and
  - (b) be liable to a maximum fine of R25,000.00.
- (10) A member of the Committee may, at any time and in not less than 30 days written notice to the Head of Department, resign as a member of the Committee.
- (11) Notwithstanding the provisions of the above, inclusive, the Head of Department may terminate the appointment of a member of the Committee with immediate effect if such a member-
  - (a) is or becomes un-rehabilitated insolvent;
  - (b) fails to declare his or her financial interest or other conflicts of interests or fails to recuse himself or herself where he or she or an immediate family member has an interest in the outcome of any decision to be made or made by the Committee;

- (c) is suffering from an infirmity of mind or body which prevents him or her from properly discharging his or her duties as a member of the Committee;
  - (d) has engaged in conduct, which in the opinion of the Head of Department, brings or could bring the office of the member of the activities of the Committee into disrepute or threatens the integrity of the Committee;
  - (e) fails to attend three consecutive meetings of the Committee without having been granted leave of absence by the Chairperson; or
  - (f) fails to carry out duties and functions of the Committee to the best of his or her ability.
- (12) The Chairperson of the Committee must-
- (a) submit an annual report on the activities and expenditure of the Committee to the Head of Department within 60 days of the end of the financial year.

## **9. CONFLICT OF INTEREST FOR COMMITTEE**

- (1) A member of the Committee may not be present during or take part in any discussion of or the making of decisions on any application before the Committee in which-
- (a) that member or the spouse, an immediate family member, a business partner or an associate, employer or employee of that member; or
  - (b) a business partner or an associate, immediate family member or employer or employee of the spouse of that member, has a direct or an indirect financial interest or has had such an interest during the previous 12 months.
- (2) For the purposes of sub-regulation 8(1)(a)-
- (a) "spouse" includes a person with whom the member lives as if they were married or with whom the member habitually cohabits; and
  - (b) "immediate family member" means first and second degree relations such as but not limited to a parent, child, brother or sister brother or sister in law;
- (3) A person may not, while she or he is a member of the Committee, accept any form of employment, gift or reward from a body, an

organisation or a company, close corporation or person which or who has a direct financial interest in a health establishment.

## 10. CONSIDERATION OF AN APPLICATION

- (1) When considering an application, the Committee must consider all comments and responses received in respect of the application in order to determine whether there is a need for the proposed emergency medical service. In this regard, the Committee may take into account the following:
  - (a) the need to ensure consistency of health service development in terms of national, provincial and local levels;
  - (b) the need to promote equitable distribution and rationalisation of health services with a view to correcting inequities based on racial, gender, economic and geographical factors;
  - (c) the need to promote an appropriate mix of public and private emergency medical services with a view to the demographic and epidemiological characteristics of the populations to be served, the total and target population in the area, their ages and gender composition, their morbidity and mortality profiles;
  - (d) the availability of alternative sources of emergency medical services;
  - (e) the need to promote quality services which are accessible, affordable, cost-effective and safe;
  - (f) the potential advantages and disadvantages of the application for existing public and private emergency medical services and for any affected communities;
  - (g) the need to advance persons or categories of persons designated in terms of the Employment Equity Act, 1998 (Act 55 of 1998), the Broad-Based Black Economic Empowerment Act, 2003 (Act 53 of 2003) and the emerging small, medium and micro-enterprise sector including cooperatives, Co-operatives Act, 2005 (Act 14 of 2005);
  - (h) the potential benefits of training, research and development with a view to the improvement of health service delivery;
  - (i) the need to ensure that ownership of emergency medical services does not create perverse incentives for service providers to over service patients or refer them inappropriately; and

- (j) where applicable, the quality of health services rendered by the applicant in the past.

## 11. COMMITTEE'S RECOMMENDATIONS

- (1) The Committee shall be convened on a frequency sufficient to deal with applications.
- (2) The Committee shall make a recommendation within 60 days of having received the application and inspection recommendations from the Licensing and Inspectorate Authority.
- (3) Following analysis of the application the Committee may make the following recommendations to the Head of Department-
  - (a) that the application should be approved and the licence should only be granted subject to conditions which the Committee considers appropriate, including but not limited to-
    - (i) the nature, type or quantum of services to be provided by the emergency medical service;
    - (ii) requirements for insurance cover to be carried by the applicable emergency medical service;
    - (iii) personnel appropriately trained with a valid registration to the level of the Emergency medical services applied for;
    - (iv) quality assurance being conducted by the Department;
    - (v) appropriate complaints mechanisms which must be made available to all users of the emergency medical service; or
  - (b) that the application should not granted.

## 12. DECISION ON THE APPLICATION

- (1) The Head of Department must, within 30 days of receipt of recommendations from the Committee contemplated by regulation 11, consider and make a decision thereof.
- (2) The Head of Department may make the following decisions:
  - (a) confirm the Committee's recommendations;
  - (b) reverse the Committee's recommendation; or
  - (c) amend the Committee's recommendations.

- (3) The Head of Department may, prior to taking a decision in terms of sub-regulation 12(1), refer an application back to the Committee for reconsideration of its recommendations.
- (4) The Head of Department must give reasons for referring an application back to the Committee in terms of sub-regulation 12 (3).
- (5) Should the Head of Department refer back the application for reconsideration, the Committee must make its final recommendation on such an application within 30 days of the application being referred back to it.
- (6) The Head of Department must, within 30 days of receipt of a final recommendation in terms of regulation 12(5), reconsider that application in accordance with regulation 12(1).
- (7) The Head of Department must, within 30 days of deciding an application as contemplated by regulation 12(1) or 12(6), inform the applicant in writing of the decision and, if the application is refused, give written reasons for the refusal and also inform the applicant of their right to appeal in terms of regulation 25.
- (8) If the Head of Department has confirmed the Committee's recommendations that an application should be approved, the Head of Department must issue a Licence Certificate for the emergency medical service to be registered in a Register of Emergency Medical Services.

### **13. ISSUING OF LICENCE CERTIFICATE AND LICENCE TOKENS**

- (1) If an application for an emergency medical service is granted, or conditionally granted, the Head of Department must, within 30 days, ensure that the service is re-inspected in order to determine that the service complies with regulation 3. (2) (a) to (n). and thereafter issue the applicant with:
  - (a) A licence certificate to operate the service concerned; and
  - (b) A licence token for each vehicle to be used by that service as an ambulance, response vehicle or rescue vehicle.
- (2) A licence certificate contemplated by sub-regulation 13(1)(a) must contain the following:
  - (i) The name of the owner of the emergency medical service;
  - (ii) The name of the emergency medical service;

- (iii) The geographical location of the bases of the emergency medical service;
  - (iv) Type of service or types of services to be rendered by the emergency medical service;
  - (v) the type and number of vehicles the emergency medical service will operate; and
  - (vi) any other condition which the Head of Department may consider necessary.
- (3) A licence token contemplated by sub-regulation 13(1)(b) must contain the following:
- (i) The name of the emergency medical service;
  - (ii) The registration number of the vehicle;
  - (iii) Date licence token was issued; and
  - (iv) Date licence token expires.

#### **14. DISPLAY OF LICENCE CERTIFICATE AND LICENCE TOKEN**

- (1) The ambulance service manager must ensure that:
- (a) the licence certificate referred to in regulation 13(1)(a) is displayed in a conspicuous position at the base/s of the emergency medical service referred to in regulation 3(2)(c);
  - (b) the licence token referred to in regulation 13(1)(b) is displayed in a conspicuous position on every vehicle so licensed.

#### **15. ANNUAL RENEWAL OF LICENCE CERTIFICATE AND LICENCE TOKEN**

- (1) The licence certificate and licence token/s of an approved emergency medical service shall be renewed on an annual basis.
- (2) The annual renewal shall be subjected to the successful inspection of such service as referred to in regulation 6(2)(3)(4)(5)(6).
- (3) The inspection for annual renewal will be subject to the payment of fees as contemplated in regulation 24(2).
- (4) Upon the satisfactory inspection for the purpose of the annual renew as contained in regulation 15(1) the Head of Department shall issue a licence certificate and licence token/s upon which will be reflected the new period of validity.

**16. INSPECTION OF A REGISTERED EMERGENCY MEDICAL SERVICE**

- (1) (a) The Head of Department will, at least once in every calendar year, inspect or cause to be inspected by a duly authorised inspecting officer, every emergency medical service registered in terms of these Regulations.
- (b) Notwithstanding any other applicable law or by-law or any provisions of these Regulations, inspections referred to in sub-regulation 6(2)(a) above must determine that:
- (i) the emergency medical service is still suitable and adequate for the purposes of providing an emergency medical service in terms of these regulations;
  - (ii) the equipment comply with the minimum requirements as per category of care as indicated in Annexure B;
  - (iii) the vehicles used or intended to be used for providing the approved emergency medical service are clearly marked as prescribed in Annexure A;
  - (iv) the vehicles used or intended to be used for providing the approved emergency medical service have been modified, adapted and configured according to Annexure A and other applicable legislation; and
  - (v) the emergency medical service has adequate liability insurance cover.
- (c) Notwithstanding Regulation 6(2)(a) the Head of Department may, whenever it is considered necessary, in writing instruct the Licensing and Inspection Authority to carry out inspections.

**17. MANAGEMENT OF EMERGENCY MEDICAL SERVICE**

- (1) An emergency medical service must appoint a person who is qualified and registered to at least intermediate life support to manage the service.
- (2) The emergency medical service manager must:
- (a) ensure that the number of patients conveyed in an ambulance does not exceed the maximum number permitted in terms of its design;
  - (b) ensure that the emergency medical service is operated in a way that provides quality care and does not compromise public, patient or personnel;



- (c) keep confidential patient records as required by law;
- (d) inform the Head of Department within 30 days of any change in the particulars furnished by or on behalf of the licence holder in terms of these regulations;
- (e) ensure that no patient is ever refused care or transport by the emergency medical service on the patient's inability to pay for such treatment or transportation;
- (f) ensure that protocols exist for immediate intervention in the event of the exposure of personnel to situations of a hazardous, biological, chemical, psychological or physical nature.

#### **18. INFORMATION CONCERNING EMERGENCY MEDICAL SERVICE**

- (1) The emergency medical service manager must furnish an inspecting officer upon his request with all the information necessary for the purposes of licensing or continued licensing of the service.
- (2) The emergency medical service manager must ensure that an individual patient care record is kept for every patient treated or conveyed by the service.
- (3) The ambulance service manager must ensure that the following information is captured on a monthly basis, properly secured and readily available to be provided at the request of an inspecting officer or the Head of Department:
  - (a) response time performance appropriately categorised into the response categories for urban and rural areas;
  - (b) the number, names, qualifications and relevant Health Professions Council or Nursing Council registration details of employees, contractors and volunteers;
  - (c) the number of ambulances, response vehicles and rescue vehicles in the service;
  - (d) the number and nature of adverse patient incidents.

#### **19. CANCELLATION AND SUSPENSION OF LICENCE**

- (1) If a licensed emergency medical service contravenes or does not comply with these regulations the Head of Department must give written notice of the non-compliance to the licence holder.
- (2) The notice must state:

- (a) The nature and extent of the non-compliance which must be rectified;
  - (b) That failure to rectify the non-compliance within the time specified in the notice could lead to the cancellation or suspension of the licence; and
  - (c) That the licence holder is entitled to make written representation to the Head of Department within the time specified in the notice regarding the proposed cancellation or suspension of the licence.
- (3) If, at the expiry of the time period specified in terms of sub-regulation 19(2)(b), the non-compliance has not been rectified to the satisfaction of the Head of Department, he or she may, having regard for all the relevant facts, including the report of the inspection officer and any representation by the licence holder, cancel or suspend the licence of the emergency medical service.
- (4) If the licence is cancelled or suspended, the Head of Department must within 10 days inform the licence holder in writing of the decision, of the reasons thereof and the right of appeal.

## **20. REINSTATEMENT OF LICENCE AND LIFTING OF SUSPENSION**

- (1) A person whose licence has been cancelled or suspended may at any time apply for the reinstatement of the licence or the lifting of its suspension;
- (2) Regulation 4 applies, with the changes required by the context, in respect of the application for the reinstatement of a licence;
- (3) Before the Head of Department reinstates a licence or lifts its suspension, an inspecting officer must inspect the emergency medical service concerned and make a recommendation to the Head of Department;
- (4) The Head of Department may submit the representation for the reinstatement of the licence or the lifting of the suspension to the EMS Joint Advisory Committee for further consideration and recommendation.

## **21. AMENDMENT OF LICENCE CERTIFICATE**

- (1) A licence holder who wishes to change the status of the service for which a licence has been issued, may apply to the Head of Department to amend the licence accordingly;
- (2) The Head of Department will within 30 days direct the Licensing and Inspectorate Authority to re-inspect the service concerned, based on

- the amendments for which an application has been made, and provide recommendations accordingly within 45 days;
- (3) The Head of Department will, within 30 days, submit the application and the inspection recommendations to the EMS Joint Advisory Committee for further consideration and recommendation;
  - (4) The Committee shall make a recommendation within 45 days of having received the application and inspection recommendations from the Licensing and Inspectorate Authority;
  - (5) The Head of Department must, within 30 days of receipt of recommendations from the Committee contemplated by regulation 21, consider and make a decision thereof;
  - (6) The Head of Department may make the following decisions:
    - (a) confirm the Committee's recommendations;
    - (b) reverse the Committee's recommendation; or
    - (c) amend the Committee's recommendations.
  - (7) The Head of Department may, prior to taking a decision in terms of sub regulation 12(1), refer an application back to the Committee for reconsideration of its recommendations.
  - (8) The Head of Department must give reasons for referring an application back to the Committee.
  - (9) Should the Head of Department refer back the application for reconsideration, the Committee must make its final recommendation on such an application within 30 days of the application being referred back to it.
  - (10) The Head of Department must, within 30 days of receipt of a final recommendation, reconsider that application.
  - (11) The Head of Department must, within 30 days of deciding on an application inform the applicant in writing of the decision and, if the application is refused, give written reasons for the refusal and also inform the applicant of their right to appeal in terms of regulation 25.
  - (12) If the Head of Department has confirmed the Committee's recommendations that an application should be approved, the Head of Department must issue an amended Licence Certificate for the emergency medical service to be registered in a Register of Emergency Medical Services.

**22. CHANGE OF OWNERSHIP**

- (1) A Licence for an emergency medical service may not be transferred.
- (2) If an emergency medical service is transferred or sold to a new owner, the new owner must submit an application in terms of regulation 4.

**23. FEES**

- (1) Every application shall be accompanied by the fees as set from time to time.
- (2) The fee for renewal of the licence becomes payable each year on completion of the annual inspection contemplated in sub-regulation 6(2) and the renewal Licence Certificate and Licence Tokens shall not be issued until such time that proof of payment is submitted.

**24. APPEAL**

- (1) Any person who:
  - (a) has applied for license or renewal for an emergency medical service and whose application has been refused in terms of 12(7); or
  - (b) whose License Certificate has been cancelled or suspended in terms of regulation 20(1),may lodge an appeal in writing the MEC within 30 days of being notified thereof, giving reasons for the appeal.
- (2) The MEC must, within 30 days of receipt of an appeal, submit a copy thereof to the Head of Department.
- (3) The Head of Department must within 30 days of receipt of a copy of an appeal, submit a response thereto to the MEC.
- (4) The MEC may appoint up to three persons who are not employees in the Department or members of the EMS Joint Advisory Committee to advise the MEC on the appeal.
- (5) The MEC may uphold or refuse an appeal and may, in the event that the appeal is upheld, replace the decision of the Head of Department and grant the application.
- (6) An appeal must be finalised within 60 days of the date on which the Head of Department submits a response to MEC in terms of regulation 25(3).

- (7) The MEC must communicate the decision on the appeal in writing to the appellant and, if the appeal is refused, give the reasons thereof.
- (8) If the MEC upholds an appeal, this fact along with the reasons for the decision must be communicated in writing to the Head of Department who must make the necessary entry in the Register for Emergency Medical Services.

## **25. EXEMPTIONS**

- (1) The Head of Department may at any time, on such conditions and for such period as he/she may determine but not longer than six months, grant a responsible person exemption from any requirements in terms of these regulations where such exemptions would not adversely impact on patient care.

## **26. POWERS OF EMERGENCY MEDICAL SERVICE PERSONNEL**

- (1) Emergency medical services personnel may whenever they regard it necessary or expedient in order to perform their functions of saving life or preventing bodily harm, perform any act, and may also:
  - (a) close any road or street;
  - (b) enter or break and enter any premises;
  - (c) damage, destroy or pull down any property; and
  - (d) cause to be removed from the scene any person who is dangerous, or in danger, or who obstructs the emergency medical care provider in the performance of his/her duties.

## **27. INCIDENT MANAGEMENT AND COORDINATION OF EMERGENCY MEDICAL SERVICES**

- (1) During a major incident or disaster, Provincial Emergency Medical Services shall assume responsibility for the co-ordination of such situation with regards to the medical rescue, treatment and distribution to appropriate medical facilities, of all patients.

## **28. OFFENCES**

- (1) Any person who -
  - (a) establishes, extends, conducts, maintains, manages, controls or renders an emergency medical service without a License Certificate in terms of the provisions of these regulations;
  - (b) fails to renew the License to provide an emergency medical service;

- (c) is the responsible person of/or is employed by an emergency medical service and who-
  - (i) obstructs or refuses to allow the inspection officer or any person acting on its behalf, access to such emergency medical service for the purpose of an inspection in terms of these regulations; or
  - (ii) fails to comply with the provisions of these regulations;
  - (iii) obstructs or prevents access of emergency medical services personnel to a patient in an emergency medical care situation;
  - (iv) has knowledge of an emergency medical care situation and wilfully or negligently withholds information from emergency medical services; or
  - (v) abuses or summons a service while he knows that there is no reason to do so.
- (d) displays on and/or fits an unlicensed vehicle in terms of these regulations with:
  - (i) a siren;
  - (ii) red flashing lights;
  - (iii) the "star of life" symbol or any other symbols, emblems, logos, heraldic devices, marks, words and/or phrases in any way associated with emergency medical services; and/or
  - (iv) the phrases, "paramedic, "medical", emergency medical services" "Emergency Care Practitioner, " "advanced life support, "intermediate life support" "Emergency Care Technician" , "ambulance", "emergency medical response" and "basic life support".
- (e) displays the word "paramedic", or any derivative thereof, and/or the phrase "advanced life support" on a vehicle where such vehicle is not:
  - (i) staffed by at least one person registered as a medical practitioner or paramedic with the Health Professions Council of South Africa;
  - (ii) equipped to provide an advanced life support service; or

- (iii) a licensed emergency medical service vehicle.
- (f) impersonates any emergency medical services personnel;
- (g) obstructs any emergency medical services personnel in the execution of the provisions of 26 and / or 27.

shall be guilty of an offence and, on conviction, liable to a fine not exceeding R500'000 and/or imprisonment not exceeding five (5) years or subject to the penalties imposable by the National Health Act.

## 29. DELEGATIONS

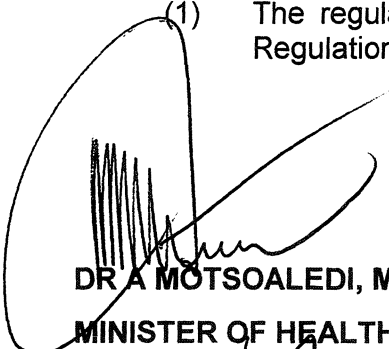
- (1) The Head of Department may delegate any power or function conferred or imposed upon her or him in terms of these Regulations to any official, except:
  - (a) the power to decide an application in terms of these Regulations;
  - (b) the power to cancel a license in terms of these Regulations; or
  - (c) the function to respond to the Appeal as referred to by the MEC.

## 30. TRANSITIONAL PROVISIONS

- (1) Any emergency medical service which is operational before the commencement of these regulations shall be allowed to provide such services for a maximum period of one year after the commencement thereof.
- (2) After the expiry of the period mentioned in sub-regulation 29(1) above, all emergency medical service must be licensed, and failure to be licensed as such shall be an offence.

## 31. SHORT TITLE

- (1) The regulations shall be known as the Emergency Medical Services Regulations.



**DR A MOTSOLEDI, MP**  
**MINISTER OF HEALTH**

DATE: 30/5/2014

**ANNEXURE A****STAFFING AND VEHICLE REQUIREMENTS FOR EMERGENCY MEDICAL SERVICES****1. Service Levels**

An emergency medical service will operate in accordance with its licence, and its infrastructure shall be capable of supporting it over the period of its intended operation.

Emergency medical services must be registered to provide services within the following categories:

- a) basic life support; and/or,
- b) intermediate life support; and/or,
- c) advanced life support; and/or
- d) medical rescue.

Where such service requires in addition to provide medical rescue services it shall ensure that it has personnel trained in accordance with courses approved by the Professional Board, and be in possession of the appropriate specialised rescue equipment.

**2. Personnel**

A minimum of two persons shall staff an ambulance or medical rescue unit, and a minimum of one person shall staff a medical response vehicle.

Personnel shall be registered with the HPCSA as determined by the level of service offered and shall be as follows:

- (a) **Basic Life Support**  
Personnel shall hold a minimum registration of basic ambulance assistant.
- (b) **Intermediate Life Support**  
The patient attendant shall hold a minimum registration of ambulance emergency assistant or emergency care technician, whilst the driver shall hold a minimum registration of basic ambulance assistant.
- (c) **Advanced Life Support - Ambulance**  
The patient attendant shall hold a minimum registration of paramedic whilst the driver shall hold a minimum registration of basic ambulance assistant, though it should preferably be a person holding a minimum registration of ambulance emergency assistant or emergency care technician.



- (d) **Medical Response Unit**  
This unit shall be staffed with at least one member, who shall hold a minimum registration of paramedic or medical practitioner.
- (e) **Medical Rescue**  
Both personnel shall be registered with the HPCSA and at least one of the personnel shall hold a minimum registration of ambulance emergency assistant or emergency care technician. In addition to this both personnel shall hold a qualification in medical rescue, as approved by the Professional Board.

The driver of an ambulance, medical response unit and medical rescue unit shall hold an appropriate valid driver's licence and, in the case of a patient carrying vehicle such driver shall also be in possession of a valid professional driving permit.

All personnel shall be dressed in appropriate uniform protective clothing, with their qualifications clearly depicted on the said clothing.

The patient attendant shall at all times remain in the company of the patient.

### **3 Vehicles**

All emergency medical service vehicles utilised shall comply with the relevant road traffic act.

Ambulances shall be configured in such a way that:

- (a) the medical personnel have complete access to a patient in order to begin and maintain life support;
- (b) it is fitted with a two way radio and/or cellular communication system which allows for communication at all times with the dispatch centre;
- (c) the vehicle is fitted with red warning lights and siren in accordance with the relevant road traffic act;
- (d) the interior of the patient compartment, excluding the driver's cab section, shall be a minimum of:
  - (i) height 1222mm
  - (ii) width 1333mm
  - (iii) length 1900mm
- (e) adequate lighting is provided in the patient compartment;
- (f) adequate electrical power is available for specialized medical equipment;
- (g) an adequate entry exists that allows for the loading / off loading of the patient without compromising the condition of the patient;
- (h) a patient can be carried in the supine position with specialised medical equipment fitted;

- (i) an approved restraining device is fitted for all patients and medical personnel;
- (j) the stretcher is restrained with a restraining device that is securely fitted to the body of the vehicle;
- (k) the stretcher is secured in such a way that it allows medical personnel clear view of, and access to, the patient and specialised medical equipment;
- (l) the stretcher is fitted in such a way that it does not block the entry or emergency exits of the vehicle;
- (m) medical equipment and medical gas cylinders are secured in brackets that are attached to the body of the vehicle or stretcher;
- (n) medical equipment and medical gas cylinders are fitted in such a way that they do not obstruct the entry or emergency exits of the vehicle or pose a potential threat to personnel or patients;
- (o) all medical gas cylinders and outlets are marked in accordance with SABS Codes of Practice;
- (p) all medical gas cylinders shall be subjected to visual and hydrostatic inspection by a Department of Labour approved testing facility;
- (q) an adequate supply of convenient hangers are fitted for intravenous therapy - such shall be fitted in such a way as not to inflict injury to patients or medical personnel;
- (r) the patient compartment shall be lined with a non-porous material to avoid blood and other body fluids from contaminating the area, and allow for the cleaning of the compartment;
- (s) the patient compartment shall be separated from the driver compartment in such a way that the patient, treatment of the patient, and actions of the patient shall in no way interfere with the driving of the vehicle.

#### **4 Equipment**

All ambulances and response vehicles shall have, as a minimum, the equipment as listed in Annexure B.

## ANNEXURE B

## EQUIPMENT REQUIREMENTS FOR EMERGENCY MEDICAL SERVICES

Item of Equipment	Basic Life Support Services:	Intermediate Life Support Services:	Advanced Life Support Services:	Advanced Life Support Response
Adhesive tape rolls: zinc oxide or micropore	2	2	2	2
Administration sets for IV infusion: 60 dropper	0	4	4	2
Administration sets for IV infusion: 10/15 dropper	0	4	4	2
Ambulance stretcher, including straps, mattress	1	1	1	N/A
Antiseptic solution: 100 ml	1	1	1	1
Bandage: 75 mm conforming	2	2	2	2
Bandage: 100 mm conforming	4	4	4	4
Balanced salt solution: ringers lactate 1000 ml	0	4 units	4 units	3 units
Bedpan	1	1	1	N/A
Bag valve mask reservoir with mask (resuscitator) (adult)	1	1	1	1
Bag valve mask reservoir with mask (resuscitator) (child)	1	1	1	1
Bag valve mask reservoir with mask (resuscitator) (neonate)	0	0	1	1
Blanket	4	4	4	2
Blanket (space blanket)	2	2	2	2
Blood glucose estimation sticks (tin)	1	1	1	1
Blood pressure monitor: non-invasive	0	0	1	1
Case book or patient record sheet	1	1	1	1
Cricothyroidotomy disposable kit	0	0	1	1
Electrocardiograph gel: tube	0	1	1	1
Electrocardiograph paper: roll	0	2	2	2
Electrocardiograph monitor/defibrillator	AED	AED Optional	0	0
Electrocardiograph monitor/defibrillator /pacing	0	1	1	1
Endotracheal tubes: adult	0	0	3	3
Endotracheal tubes: paediatric	0	0	3	3
Endotracheal tube introducer: adult	0	0	1	1
Endotracheal tube introducer: paediatric	0	0	1	1
Endotracheal ties: 1 metre length	0	0	2	2
End-tidal CO <sub>2</sub> monitor	0	0	1	Optional
Fire extinguisher	1	1	1	1
Gloves: disposable in small, medium and large boxes	20 pairs each size	20 pairs each size	20 pairs each size	20 pairs each size
Glucose powder of gel: 25 ml	2	2	2	2
Head blocks	1	1	1	1
Heimlich valves for chest decompression	0	0	1	1
Hot water bottle	Optional	Optional	Optional	N/A
Infant transport incubator ( Optional)	0	0	1	N/A
Infusion pressure bag	0	0	1	1
Ked	1	1	1	1
Laryngoscope batteries	0	0	1 spare set	1 spare set
Laryngoscope: full adult set with blades	0	0	1	1

Laryngoscope: full paediatric set with blades	0	0	1	1
Limb traction device	1	1	1	1
Magill's forceps: adult	0	1	1	1
Magill's forceps: paediatric	0	1	1	1
Map: current map of area covered by ambulance or GPS	11	11	11	11
Maternity pack	1	1	1	1
Medication infusion apparatus & appropriate giving sets	0	0	1	Optional
Nasal cannula			2	2
Nasogastric tubes: one each of all sizes - small, medium, large	0	0	1 of each	1 of each
Nebulisation kit	*mask only	1	2	2
Needle cannula: 14 gauge	0	4	4	4
Needle cannula: 16 gauge	0	4	4	4
Needle cannula: 18 gauge	0	4	4	4
Neonatal suction catheters: size 5	0	0	2	2
Neonatal suction catheters: size 8	0	0	2	2
Nitrous oxide 50%, oxygen 50% Premix with regulator and delivery device	1	1	1	0
Oropharyngeal airways, size 0	2	2	2	2
Oropharyngeal airways, size 1	2	2	2	2
Oropharyngeal airways, size 2	2	2	2	2
Oropharyngeal airways, size 3	2	2	2	2
Oropharyngeal airways, size 4	2	2	2	2
Oxygen masks (40%) (adult)	4	4	4	2
Oxygen masks (40%) (paediatric)	2	2	2	2
Oxygen cylinder-portable i/c regulator	1	1	1	1 i/c spare
Oxygen cylinder F	1	1	1	N/A
Oxygen humidifying device	2	2	2	N/A
Oxygen supply "T" piece	0	0	1	1
Pacing pads: set	0	0	1	1
Pneumatic anti-shock garment	0	0	1	Optional
Positive end expiration pressure valve	0	0	1	1
Pulse oximeter	0	1	1	1
Regurgitation bag or receiver	1	1	1	1
Saline solution: 200 ml for IV	0	4 units	4 units	4 units
Scoop stretcher	1	1	1	1
Sharps container	1	1	1	1
Sheet	1	1	1	N/A
Spencer Wells artery forceps: 8 inches	0	2	2	2
Sphygmomanometer: i/c paediatric child and adult cuffs	1	1	1	1
Spider harness	1	1	1	1
Spine board: short with straps - Optional	1	1	1	Optional
Spine board: long with straps	1	1	1	N/A
Splints: limb (short)	4	4	4	4
Splints: limb (long)	4	4	4	4
Stethoscope	1	1	1	1
Stretcher fixation device	1	1	1	N/A
Suction apparatus: hand, foot or battery operated. If electronic, to have manual backup	1	1	1	1
Swabs: 100 mm x 100 mm gauze (10 per pack)	2	2	2	2
Synthetic colloid: 500 ml	0	2 units	2 units	2 units
Syringe: 2 ml	0	4	4	4
Syringe: 5 ml	0	4	4	4

Syringe: 10 ml	0	4	4	4
Syringe: 20 ml	0	4	4	4
Torch: handheld	1	1	1	1
Urinal	1	1	1	N/A
Urinary catheters: full range	0	0	14,16,18G	
Urine drainage bags	0	0	1	1
Ventilator: adult	0	0	1	1
Ventilator: paediatric	0	0	1	1
Waste disposal container	1	1	1	1
Water soluble gel: tube	0	0	1	1
Wound dressings: extra large	2	2	2	2
Wound dressings: 100 mm x 100 mm	5	5	5	5
Wound dressings: 100 mm x 200 mm	5	5	5	5
NICU head-box	0	0	1	N/A



**B** **MANAGER/PROXY DETAILS**  
(details of responsible person for company)

6 Name of Person

7 Identification/Passport Number

8 Country of Origin (if foreign national)

9 **Contact Details**

Telephone number during day  -   
Code Number

Telephone number during night  -   
Code Number

Facsimile number  -   
Code Number

Mobile (Cellular) telephone number  -   
Code Number

Email address

Street Address

Suburb

City/Town

Province/State

Postal code

**C** **EMERGENCY MEDICAL SERVICE DETAILS**  
(details of service being applied for)

10 Service name (if different to registered company name)

11 **Contact Details** (if different to registered company)

Telephone number during day  -   
Code Number

Telephone number during night  -   
Code Number

Mobile (Cellular) telephone number  -   
Code Number

Email address

Street Address

Suburb

City/Town

Province/State

Postal code





**G EMERGENCY SERVICES PERSONNEL**  
(number and qualification of emergency vehicles personnel)

9	BAA	<input type="text"/>	AEA	<input type="text"/>	CCA	<input type="text"/>	Doctor	<input type="text"/>	Manager	<input type="text"/>
	N Dip	<input type="text"/>	BTech	<input type="text"/>	ECT	<input type="text"/>	Nurses	<input type="text"/>	Volunteer	<input type="text"/>
	Other	<input type="text"/>	Specify	_____						

10	Total number of personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## ANNEXURE D

**EMERGENCY MEDICAL SERVICE REGULATIONS  
FEES**

Item as per Regulation and Standards (where applicable)	Service	Fee
<b>a) Application for an emergency medical service</b>		
	Application fee	R10 000.00
<b>b) Licensing of an emergency medical service</b>		
	Per ambulance	R300.00
	Per response vehicle	R300.00
	Per Rescue vehicle	R500.00
<b>c) Renewal of emergency medical service licence</b>		
	Per ambulance	R300.00
	Per response vehicle	R300.00
	Per rescue vehicle	R500.00
<b>d) Inspections in respect of an application or annual renewal</b>		
	Per ambulance	R300.00
	Per response vehicle	R300.00
	Per rescue vehicle	R500.00